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The Wisconsin Medical Recorder

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VOL. XI JANUARY, 1908 No 1.

Leading Original Articles

THE APPLICATION OF CERTAIN PRINCIPLES OF PLASTIC SURGERY IN CLOSING DEFICIENCIES IN EXPOSED CUTANEOUS SURFACES

By Charles C. Miller, M. D., 70 State Street, Chicago, Ill.

(Continued from page 386 December Recorder)

As mentioned in the preceding article, a deficiency must be looked upon not as to its exact shape, but as to its general outline. In the circle or oval we have figures, which if not too large, may be considered as rough triangles and closed as such. Such closure leaves the same form of scar as the triangle and such may be less conspicuous than drawing the parts together from numerous points. In some cases, by immediate adduction, it is impossible to entirely close the triangle of equal sides, and a small deficiency is left in the center, which is allowed to heal by granulation.

The rectangle may be closed by drawing the tissues toward each other from the four points of the figure and the result is a parallel line from each end of which will be two diverging lines, representing the lines of approximation. The rough circle, ellipse or oval may be approximated in the same manner as the rectangle and the results in many cases are better than in those cases where plans outlined previously have been followed.

The usual method of closing the oblong ellipse or oval figure is by approximating the long sides of the figure so that the scar which is left is a straight line. In some cases, if this plan is followed, it will not permit of quite as easy an approximation as where the parts are brought in somewhat from each end of the deficiency as well as from the sides.

Rhomboidal defects are closed so that the resulting line of approximation is linear and as the result is obtained by increasing the obliquity of the rhomboid, the more oblique it is in the beginning, the easier will be the approximation. The rectangle can be treated in the same manner in many instances so that the scar which is left is merely a linear one.

In altering the shape of the rectangle to that of a rhomboid the operator will not forget that the line of sutures can be made to run in two directions, and careful observations of the advantages of one or the other direction should be taken before the deficiency is closed.

The ellipse may be closed in the same manner as the rhomboid, but here there is not an obliquity of the line of suture as in the altered rectangle.

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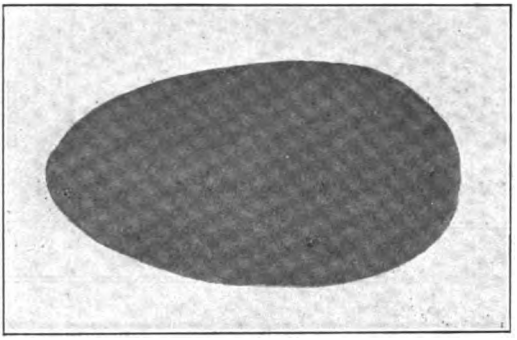

FIGURE 1

Figure 1. The small oval deficiency may be closed by approximating the long sides of the oval. In other instances it may be closed to a better advantage by utilizing the methods shown in Figure 4.

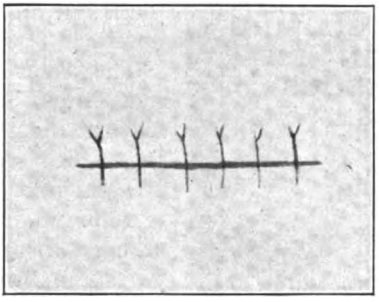

FIGURE 2

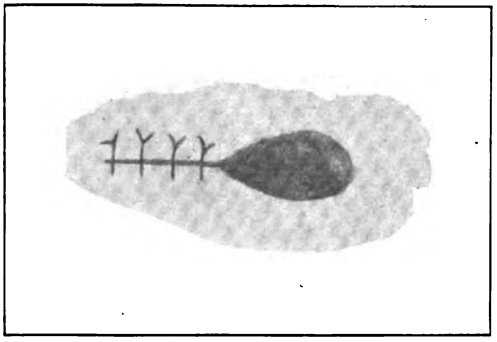

FIGURE 3

Figure 3. The narrow portion of the oval may first be closed in the same manner as triangular defect.

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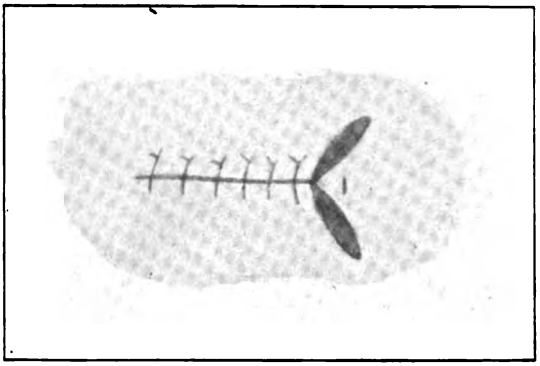

FIGURE 4

Figure 4. Advantage is taken of the elasticity of the skin in another direction.

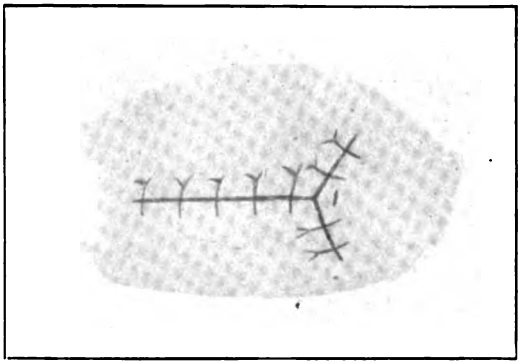

FIGURE 5

Figure 5. The manner of completing the closure of the deficiency shown in Fig. 5.

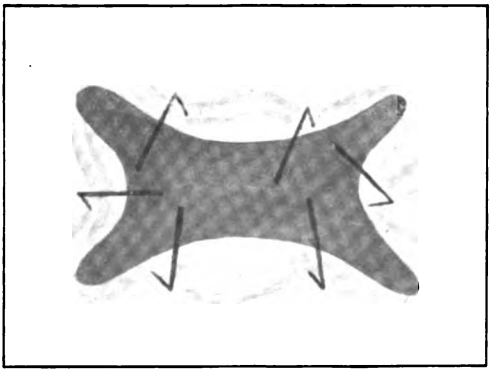

FIGURE 6

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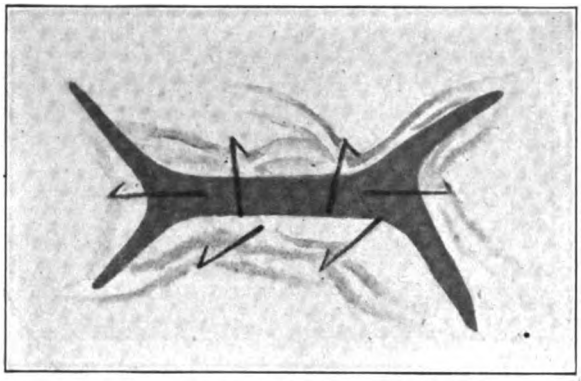

FIGURE 7

Figures 6-7. Illustrating manner of obliterating the rectangle.

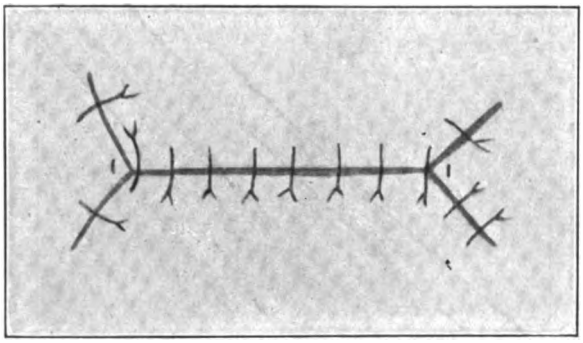

FIGURE 8

Figure 8. Sutures passed and tied; the rectangle obliterated.

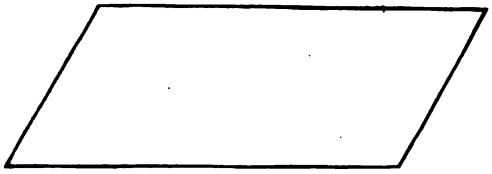

FIGURE 9

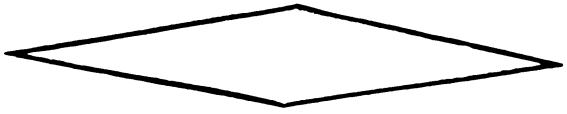

FIGURE 10

Figure 9. By traction upon the angles of a rhomboidal figure it may be lengthened as in Figure 10, and finally obliterated so that closure leaves a linear scar.

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The oval may be closed in the same manner as the ellipse while in other instances it is better to close the oval through its narrow portion as a straight line and at its broad extremity to draw forward the base, much as we do in closing the equilateral triangle so that the completed closure is much the same as the triangle.

(To be continued.)

THE EYE, NOSE AND ACCESSORY SINUSES IN LA GRIPPE

By Austin J. Mummert, M. D., Los Angeles, California.

Read before the Academy of Medicine, Los Angeles, Cal.

The parts played by the eye, nose and accessory cavities in influenza would, if they were thoroughly and exhaustively covered, require much more space and time than this paper warrants. We will then confine ourselves to the practical, rather than exhaustive, consideration of this important subject.

The bacillus described by Pfeiffer in 1892, seems to be responsible for this disease as it is not found in any other disease, according to some authorities, and is found in influenza constantly.

In la grippe the eye suffers from acute glaucoma, serous iritis and affections of the optic nerve which may result in blindness. Guilford, of Omaha, observed retrobulbar neuritis. Paralysis of the ciliary and extrinsic muscles have followed la grippe, where the disease resembles diphtheria in its effect on deglutition and speech; iritis and dacryocystitis and secondary to meningitis of this disease, plastic uveitis and panophthalmitis, oedema of the lids and lachrymation are noted. Hopkins, of San Francisco, claims cataract formation may also be attributed to influenza.

What is the cause of eye involvement in influenza? The microbe of Pfeiffer, its products or both, along with the general effect la grippe has upon the general system, allowing nutritative changes to lessen the resistance that ordinary health exerts, is probably as good as explanation as we can give at present. If the eye has been subjected to strain or is subject to inflammatory attacks, or if it has been injured, the chances are greater for it becoming involved in influenza.

One peculiar and interesting case came under my observation recently that will illustrate the versatility of la grippe. It was in a case of a physician's son—a young man who had been suffering from influenza about a week when suddenly his left eye and ear became excessively painful. Upon examination I found the eye normal, also the ear, both as to function and appearance. The fact that function of both organs being normal and that there was no tenderness elicited upon manipulation, points to affection of the sensory part of the trigeminus.

Mucous surfaces in influenza take on an intense inflammation throughout the body. That of the nasal mucosa may lead to involvement of the accessory cavities. As a matter of fact, these cavities are prone to even take on the inflammation of acute coryza; one can recognize this by the amount of discharge. The frontal sinus is rarely affected to the extent that distress is pronounced, as the cavity has a broad, deep outlet, but when the cavity is closed in, spontaneous recovery isn't likely to take place, as the sinus has a number of deep recesses, which extend below the level of the internal orifice. Usually, not invariably, suppuration of the frontal sinus is complicated by suppuration of other cavities in the ethmoid bone and in the upper maxilla. The hiatus semilunaris drains the anterior labyrinth of cells of the ethmoid and frontal sinus, and opens in the direction of the maxillary orifice, so that the pus in these cases enters the antrum, the antrum forms, as it were, a drip pan. The inflammation of the antrum

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membrane is then secondary. Malformation of the septum and turbinates only adds to the danger of these complications, particularly in influenza, however any severe inflammation of the nasal mucosa renders a case with such malformations more liable to sinus troubles.

Swelling of the mucosa of the inferior meatus leads to closure of the opening of the lachrymal canal, causing epiphora and possibly chronic sack trouble, with retention of pus that is injurious to the conjunctiva.

Symptoms. The symptoms of sinus involvement are varied. Pain and swelling are pretty constant, then follows pus formation. We must distinguish between the discharge of pure mucus, mucopus, an admixture in which pus predominates over the mucus, and pure pus. The term empyema is properly intended to convey the idea of pus within a closed cavity and should be used only this way. Upon inspection we may find the nostrils with or without a discharge visible. In not being able to find it does not prove that it is not present; if it is found upon first inspection, then comes the task of finding its origin. It is well to have patient clean his nose best he can by blowing it; then, with a cotton applicator, finish the cleansing process. Then have the patient hold his head in the position most liely to allow gravity to assist in its discharge. As is well known, the discharge seen to come over the inferior turbinate only drains the anterior division of the sinuses, viz., the frontal sinus, anterior ethmoid cells and the antrum. If there is great swelling, it may become necessary in order to make the diagnosis, to apply cocaine or adrenalin so that the normal openings may be rendered sufficiently open to allow the pus to find its way out and reveal its hiding place. Even to allow of probing and irrigation, an hypertrophied middle turbinate, if it shelves far forward and downward, will hinder inspection, but one experienced in probing these parts can arrive at a definite diagnosis. It will be remembered that a discharge coming over the middle turbinate means that the posterior ethmoid cells are affected, excluding, of course, the fact whether or not the mucous membrane of the nostril is responsible alone for the discharge, which exclusion must be made every time before laying the blame on the sinuses.

The sphenoid sinus allows its discharge to trickle down the septum and if posterior rhinoscopy is employed with accuracy, aid may be obtained by this method. In this diagnosis probing and irrigation of this pair of cavities can be carried out as in the others mentioned.

The accessory sinuses are not inaccessable sinuses A thorough knowledge of the anatomy throws a better light on the subject than all of the trans-illumination apparatuses on the market, whose merit may or may not be worthy of mention. The chances are usually against trans-illumination on account of the difference of size of the cavities in different heads as well as a difference existing between the two sides of the same head.

Prognosis is favorable in most cases if care be taken in diagnosis and skill exhibited in treatment. I believe if treatment were instituted early enough and intelligently carried out with an absolute submission and cooperation of the patient, very few cases of chronic sinus troubles would ever be seen.

Treatment of the nostrils in all cases of la grippe is important. If commenced early enough it will keep down the number of sinus cases to a minimum. Alkaline wash or spray is indicated, care being taken to instruct the patient exactly how the best results can be obtained by its use. The great danger is in allowing the fluid to be drawn through nostrils and expectorated. In this way the liability to get the fluid, along with the nasal secretion into the ear, through the Eustachian tube so far over-balances the probable good effect

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one may expect to gain by carrying the irrigation so far, that it can be set down as a dangerous procedure and should not be allowed.

For suppurative otitis media, mastoiditis, and the dreadful effects produced upon the sense of hearing all speak only too loudly of the necessity of all precautions we can take to prevent infection. At least a care should be taken not to do damage. We have frequently seen cases where infection has extended into parts that would not have been involved had it not been for carelessness of the patient in not heeding the advice of their physician about such cleansing processes. Just now we have under observation a case who has nasal catarrh and has been in the habit of irrigating the nostrils with a fountain syringe and allowing the fluid which is as usual, salt and water, to come out the nasopharynx and finally to discharge it from the mouth. She was warned not to persist in such vicious methods, the dangers being explained. Well, the habit was so firmly established that now and then it was indulged in, notwithstanding the advice given, and finally middle ear inflammation resulted.

The spray that is the most harmless is one with a rubber bulb and that will act as well for oils as liquids. When we take into consideration that the accessory sinuses are but part of the nasal cavity and that an inflammation, serous, muco-purulent, or what not, extends into these sinuses almost invariably, every time the nose is affected, to varying degrees, how important is the treatment then appears. The vicious method of spraying at high pressure, every nose that is presented for treatment, is fast growing out of fashion. The reckless use of compressed air deserves some attention right here. A blast of any solution aimed at a mucous membrane with ordinary force, will abraid the epithelium, and if continued long enough, or if more force is used, the deeper elements of the membrane suffer an abrasion that may lead to a more serious trouble than we had intended to attempt to heal. Such an abrasion on the Locus Kiselback, for example,, may cause an ulceration that may go on to perforation of the septum.

There may have been an old chronic inflammatory process going on in one of the accessory cavities when the possessor came down with la grippe; then we may expect very severe symptoms indeed.

Another point worthy of consideration is the fact that most cases of so called catarrh can properly be called sinus trouble, the proper treatment of which will relieve catarrh, as is well known. Polypi are outgrowths of sinus troubles.

COMBINATIONS

By J. L. Wolfe, M. D., Cedar Falls, Iowa.

Some time ago Professor Durham wrote that all doctors had their combinations, which is true. While specific medication prefers a single remedy when possible (not always possible) it does not discard simple combinations. These combinations should be of synergistic agents, or of agents whose forces do not antagonize.

If the special pathology of a disease had but a single element, of course there would be no necessity of a combination of remedial forces. If a primal pathologic wrong can be identified, the remedy it demands would be sufficient for a cure; for in removing that, its dependencies would naturally disappear. Under such a resume, the practice of medicine would be simplified. But, unfortunately, that does not obtain in every case. Hence, remedies in combination become imperative in numerous instances.

The flushed face, bright eyes, contracted pupils, and excitation, call for gelsemium—that is true; but associated with the gelsemium call, is many times

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a full, frequent, founding pulse. What for that? Leave it alone to the gelsemium? No; we combine with the gelsemium, veratrum. Suppose (as is sometimes the case) that general muscular aching is present. What then? Would you depend upon the gelsemium and veratrum? Certainly, and we would also add macrotys—combine it, if you please, with the other two. No other indications being present, we would here rest the case. If other indications existed, we would administer the required remedy or remedies. Now, of course, our patient improves—gets well. What relieved him? Gelsemium, macrotys, and veratrum. Which one of them? Why my dear sir, all of them. Each remedy filled its place, and not being antagonistic, they were given in simple combination.

Again, take the second stage of pneumonia as a further illustration. We give a common case many times prototyped here. Let us find a treatment common to this climate. The small, frequent pulse, aconite; adult dose, ten drops to four ounces of water; teaspoonful every one or two hours. But tissue consolidation and pleuritic stitch exist, hence to the aconite mixture is added bryonia, ten drops. But there is abundant expectoration, so to the aconite, bryonia combination is added ipecac, drops ten. In addition to the profuse expectoration a pain extends from shoulder to occiput and to the aconite-bryonia-ipecac mixture, sticta, drops fifteen, is added. For other conditions the indicated remedies are prescribed. The case recovers. Which remedy did the work? I answer, each one did its part. Each remedy performed its work in the process of cure—met the conditions of disease against which it fas arrayed. Brother specific medicationist, do you object? If so, raise your hand. Combinations are not discarded by specific practice.

In chronic diseases every doctor of success has his combinations. Of course for any condition of disease that a single remedy will meet, the specific man will gladly apply it. Chronic diseases, like acute diseases, are not always met by a single remedy, but by a combination of remedies. Of course, the specific man makes up his combinations similarly to his procedure in acute diseases. He has indications for giving the single remedy, the combination or the compound.

PODOPHYLLIN

By J. A Burnett, M. D., Little Rock, Arkansas.

All physicians of all schools of practice know something of podophyllin, and most all physicians of all schools of practice use it. The early Thomsonian physicians did not use it very much and it was considered a toxic agent by Thomson, but most all physicians of this school of practice use it now as it has been proved to not be a deadly poison or dangerous agent.

In an early day the powdered root of podophyllum peltatum was used, but it was generally roasted before being used, as roasting it destroyed much of its harsh action and did not interfere with its therapeutic action.

After podophyllin was discovered, which is the active resin of podophyllum peltatum, it has been used in most all cases in place of mandrake. There is another active principle in mandrake called podophyllotoxin, but it has not come into general use and likely has no advantages over podophyllin. There is one objection to the use of podophyllin and that is it makes a patient very sick when used alone in doses sufficient to have much effect. It is claimed that this can be overcome by combining it with dioscorein, and no doubt this is true to a great extent. It should be used with horsemint (monarda punctata) in order to see if the horsemint will prevent it from causing a patient from vomiting and becoming nauseated, as horsemint has a reputation of such in-

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fluence when combined with some drugs.

There is a great difference in opinions in regard to the dose of podophyllin and the maximum dose is half a grain, according to most authors. I think podophyllin should, as a rule, be given in larger doses than most supposed, especially in the beginning of acute cases. Most physicians give just enough to make a patient sick, and if a much larger dose were given it would not make the patient any more sick and the results would be better.

In acute cases where the liver is torpid and the bowels constipated and large doses of medicine are required, as is the case in many malarial districts, a single large dose of podophyllin every twenty-four to forty-eight hours, as needed, will do more good and less harm than small doses frequently repeated. When I say a large dose I mean two to four grains or more. I have given eight grains of podophyllin at one dose with real good results and without making a patient much more sick than one grain will make them.

Large doses of podophyllin will not only purge and cleanse the bowels, but it will act thoroughly as an emetic and thoroughly cleanse the stomach and relax the system almost if not as well as lobelia. It will, in very large doses, abort many acute diseases, as in most all diseases the liver should be thoroughly aroused. If the liver is thoroughly aroused in grand shape and the bowels purged out well the system is then in good shape for the action of other remedies. I know that many will not agree with me in large doses of podophyllin, but that cuts no figure, as we have different opinions; if we did not we would all be eclectics, homeopaths, physiomedicalists, regulars, osteopaths or Christian scientists, etc. The cause of different opinions is the shape of our brain, our teaching, and other influences too numerous to mention.

Podophyllin is a liver remedy of great value in either acute or chronic conditions. I consider it of most value in acute or sub-acute conditions, and as a rule I like very large doses, but not always, as there are some cases that require small doses, and small doses are all that is needed. The question of dosage is for the physician to decide in each particular case. There is one thing about large doses that should be remembered, and that is, some people object to large doses and will not employ a doctor who is in the habit of giving large doses of drastic medicines and make their patients very sick in any and all cases. Good judgment in using large doses should be exercised as well as good judgment in all other things.

In country practice where a physician has gained a reputation and the people have come to look upon him as almost being in the resurrection business, he can give medicines to his regular customers as he pleases, but in among patients who are used to using many different physicians a man that is not well established must be careful what he gives.

The eclectics used podophyllin as a stimulant to the liver and upper intestines and claim it influences the ductless glands and favors blood-making. The indications for it are full face, full oppressed pulse, full tongue and yellowish coating, and dizziness of head.

Scudder says: "Specific podophyllin in small doses not sufficient to affect the bowels, is to be preferred to the resin of podophyllum for its general effect upon the glandular structures and may therefore serve a good purpose in syphilis, tuberculosis and rheumatism."

The eclectics use the first decimal trituration of podophyllin in doses of one to ten grains, three times daily, as a stimulant to the process of digestion and nutrition and to arrest chronic diarrhoea and dysentery with profuse mucous discharges. They consider it the best alterative in the materia medica, acting powerfully upon the glandular and mucous membrane.

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Scudder says triturated podophyllin should not be given when the features are pinched, the pulse wiry and small, or when the pulse stroke is sharp.

The first decimal trituration of podophyllin is ten per cent podophyllin and ninety per cent sugar of milk. I have used podophyllin in this triturated form but have never had any good results from it. All the results that I could get would be to cause slight nausea, so I have discarded it.

Dr. Hasty, a well known physician, highly recommended the triturated podophyllin in typhoid fever and said it had direct influence upon the liver, while plain podophyllin was too much of an irritant to have a good influence on the liver.

I do not consider than there is any particular difference in the effect of plain podophyllin and triturated podophyllin when given in equal amounts. When I give calomel I usually put some podophyllin with it.

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D., 72 Madison St., Chicago, Ill.

(Continued from Page 397 December Recorder)

ETHICS.

We have now arrived at a place in our story where we must investigate this subject, that makes cowards of men who will willingly face death upon the battlefield, or be found in the front ranks of a fatal epidemic.

What is this terrible curse that has hung like a blight over the professions of law, theology and medicine, binding its votaries with chains, robbing them of their initiative, and making them a cipher in our active civilization.

Whence comes it? What does it mean? How is it tangible to its human victim?

When the world was young, having passed through its preparation for the occupancy of man, a Spirit of the Trinity was sent to guard the destiny of man. He, in his weakness, needed constant divine supervision in order that he, in his foolishness, should not destroy the plan of the Creator.

The spirits of law, theology and medicine were sent to be his companions and guide him on the long march of the human race to perfection and the millennium.

Law, to protect the widow and orphan, to secure to man the right to his person and property, to protect him from injustice and to secure for him his just dues.

Theology, to have control of his moral welfare and development, to guide his steps along paths of righteousness, and to secure his eternal reward after death.

Medicine, to attend the physical ills of mankind, to help widow and orphan, to succor the sick and needy, to ease the pains of the wounded, and council the dying.

In this spirit of the Divine, we find no shadow of the "Thing"; it breathes a spirit of eternal helpfulness and love.

Why then this fear of the medical man? A fear of the terrible unknown? To understand this we must go back to the middle ages, when the thought of man was shaped by the triumphant church; when this institution presumed to think for all individuals, and was in a position to enforce its commands. It was here that the professions had grafted upon their divine callings "The Thing"—this black, shadowy, unknown fear that has made cowards of the profession from that time.

This malevolent bat is seldom seen or heard, but few professional men ever fail to "feel"—they are conscious of its presence and stand in awe of its power.

If we listen patiently to the "echoes" received while in the presence of the "Thing," we have no difficulty in hearing the "echo of the inquisition," the shrieks of agony, the sound of chains,

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the thumb-screw, and the rack and the other unspeakable tortures that gave birth to this monstrosity—"The Thing" —who was sired by fanaticism and damned by suffering and death.

Since this time the psychic force of man has been tormented by this nameless disemboweled thought, until men who would walk fearlessly up to the cannon's mouth or into the deadliest epidemic, become a craven before the known presence of "The Thing."

Is the time not ripe when we can tear from our mental makeup, this terrible nightmare that we received from the age of torture and death?

In this age of thought and reason, is it not possible for us to remove this hereditary legacy of mind, and apply to our professional life the original divine thought of our work?

Why should we torture a brother with the thumb-screw and rack by a look or word because he had dared to break the chains of the slave, and has attempted to use common sense and honesty in his relations to the public?

Why should the medical man not become what he was divinely appointed to be—an angel of mercy to each community in which he has his being. Why is he not the greatest factor in the greatest sociologic work now going on? Why does he fear to take his true place in our civilization? Why don't we hear his voice in our legislative halls looking after the physical salvation of the people? Why don't we hear his voice raised to protest against working conditions that make invalids and cause death in the community?

Why don't we hear him appear before the law-making bodies to protest against unsanitary conditions that are maintained in this world of greed? What makes the community regard him with suspicion or good natured contempt?

Is it possible that he has no good points? That he doesn't think? Or is he the worst understood individual in the whole country?

He has always held aloof from the people of his community; he has never been understood; his friends and neighbors have observed that he does little petty things to his competitors. He has felt compelled to refuse all public recognition, and why? Simply because he has felt under the shadow of "The Thing." It isn't ethical, and no further argument is necessary.

Now it will probably be a good idea to observe what our official body has to say on this subject. How much of the original divine thought is retained, and how much of the inquisition, and this is supplied under the printed form called the "Principles of Medical Ethics of the American Medical Association."

PRINCIPLES OF MEDICAL ETHICS.

Chapter I.

THE DUTIES OF PHYSICIANS TO THEIR PATIENTS.

Sec. 1.—Physicians should not only be ever ready to obey the calls of the sick and the injured, but should be mindful of the high character of their mission and of the responsibilities they must incur in the discharge of momentous duties. In their ministrations they should never forget that the comfort, the health and the lives of those entrusted to their care depend on skill, attention and fidelity. In deportment they should unite tenderness, cheerfulness and firmness, and thus inspire all sufferers with gratitude, respect and confidence. These observations are the more sacred because, generally, the only tribunal to adjudge penalties for unkindness, carelessness or neglect is their own conscience.

Sec. 2.—Every patient committed to the charge of a physician should be treated with attention and humanity, and reasonable indulgence should be granted to the caprices of the sick. Secrecy and delicacy should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted, in their professional visits,

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should be guarded with the most scrupulous fidelity and honor.

Sec. 3.—The obligation of secrecy extends beyond the period of professional services; none of the privacies of individual or domestic life, no infirmity of disposition or flaw of character observed during medical attendance, should ever be divulged by physicians, except when imperatively required by the laws of the state. The force of the obligation of secrecy is so great that physicians have been protected in its observance by courts of justice.

Sec. 4.—Frequent visits to the sick are often requisite, since they enable the physician to arrive at a more perfect knowledge of the disease, and to meet promptly every change which may occur. Unnecessary visits are to be avoided, as they give undue anxiety to the patient; but to secure the patient against irritating suspense and disappointment the regular and periodical visits of the physician should be made as nearly as possible at the hour when they may be reasonably expected by the patient.

Sec. 5.—Ordinarily, the physician should not be forward to make gloomy prognostications, but should not fail, on proper occasions, to give timely notice of dangerous manifestations to the friends of the patient; and even to the patient, if absolutely necessary. This notice, however, is at times so peculiarly alarming when given by the physician, that its deliverance may often be preferably assigned to another person of good judgment.

Sec. 6.—The physician should be a minister of hope and comfort to the sick, since life may be lengthened or shortened not only by the acts, but by the words or manner of the physician, whose solemn duty is to avoid all utterances and actions having a tendency to discourage and depress the patient.

Sec. 7.—The medical attendant ought not to abandon a patient because deemed incurable; for continued attention may be highly useful to the sufferer and comforting to the relatives, even in the last period of the fatal malady, by alleviating pain and by soothing mental anguish.

Sec. 8.—The opportunity which a physician has of promoting and strengthening the good resolutions of patients suffering under the consequences of evil conduct, ought never to be neglected. Good counsels, or even remonstrances, will give satisfaction, not offense, if they be tactfully proffered and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

Chapter II.

THE DUTIES OF PHYSICIANS TO EACH OTHER AND TO THE PROFESSION AT LARGE.

Sec. 1.—Everyone on entering the profession, and thereby becoming entitled to full professional fellowship, incurs an obligation to uphold its dignity, and honor, to exalt its standing and to extend the bounds of its usefulness. It is inconsistent with the principles of medical science and it is incompatible with honorable standing in the profession for physicians to designate their practice as based on an exclusive dogma or sectarian system of medicine.

Sec. 2.—The physician should observe strictly such laws as are instituted for the government of the members of the profession; should honor the fraternity as a body; should endeavor to promote the science and art of medicine and should entertain a due respect for those seniors who, by their labors, have contributed to its advancement.

Sec. 3.—Every physician should identify himself with the organized body of his profession as represented in the community in which he resides. The organization of local or county medical societies, where they do not exist, should be effected, so far as practicable. Such county societies, constituting as they do the chief element of strength in the organization of the profession, should

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have the active support of their members and should be made instruments for the cultivation of fellowship, for the exchange of professional experience, for the advancement of medical knowledge, for the maintenance of ethical standards and for the promotion in general of the interests of the profession and the welfare of the public.

Sec. 4.—All county medical societies thus organized ought to place themselves in affiliation with their respective state associations, and these, in turn, with the American Medical Association.

Sec. 5.—There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical; and to attain such eminence is a duty every physician owes alike to the profession and to patients. It is due to the patients, as without it their respect and confidence can not be commanded; and to the profession, because no scientific attainments can compensate for the want of correct moral principles.

Sec. 6. It is incumbent on physicians to be temperate in all things, for the practice of medicine requires the unremitting exercise of a clear and vigorous understanding; and in emergencies—for which no physician should be unprepared—a steady hand, an acute eye, and an unclouded mind are essential to the welfare and even to the life of a human being.

Sec. 7.—It is incompatible with honorable standing in the profession to resort to public advertisement or private cards inviting the attention of persons affected with particular diseases; to promise radical cures; to publish cases or operations in the daily prints, or to suffer such publications to be made; to invite laymen (other than relatives who may desire to be at hand) to be present at operations; to boast of cures and remedies; to adduce certificates of skill and success, or to employ any of the other methods of charlatans.

Sec. 8.—It is equally derogatory to professional character for physicians to hold patents for any surgical instruments or medicines; to accept rebates on prescriptions or surgical appliances; to assist unqualified persons to evade legal restrictions governing the practice of medicine; or to dispense, or promote the use of, secret medicines, for if such nostrums are of real efficacy, any concealment regarding them is inconsistent with beneficence and professional liberality, and if mystery alone give them public notoriety, such craft implies either disgraceful ignorance or fraudulent avarice. It is highly reprehensible for physicians to give certificates attesting the efficacy of secret medicines, or other substances used therapeutically.

ARTICLE II.—PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER.

Sec. 1.—Physicians should not, as a general rule, undertake the treatment of themselves, nor of members of their family. In such circumstances they are peculiarly dependent on each other; therefore, kind offices and professional aid should always be cheerfully and gratuitously afforded. These visits ought not, however, to be obtrusively made, as they may give rise to embarrassment or interfere with that free choice on which such confidence depends.

Sec. 2.—All practicing physicians and their immediate family dependents are entitled to the gratuitous services of any one or more of the physicians residing near them.

Sec. 3.—When a physician is summoned from a distance to the bedside of a colleague in easy financial circumstances, a compensation, proportionate to traveling expenses and to the pecuniary loss entailed by absence from the accustomed field of professional labor, should be made by the patient or relatives.

Sec. 4.—When more than one physician is attending another, one of the number should take charge of the case, otherwise the concert of thought and

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action so essential to wise treatment can not be assured.

Sec. 5.—The affairs of life, the pursuit of health and the various accidents and contingencies to which a physician is peculiarly exposed sometimes require the temporary withdrawal of this physician from daily professional labor and the appointment of a colleague to act for a specified time. The colleague's compliance is an act of courtesy which should always be performed with the utmost consideration for the interest and character of the family physician.

ARTICLE III.—THE DUTIES OF PHYSICIANS IN REGARD TO CONSULTATIONS.

Sec. 1.—The broadest dictates of humanity should be obeyed by physicians whenever and wherever their services are needed to meet the emergencies of disease or accident.

Sec. 2.—Consultations should be promoted in difficult cases, as they contribute to confidence and more enlarged views of practice.

Sec. 3.—The utmost punctuality should be observed in the visits of physicians when they are to hold consultations, and this is generally practicable, for society has been so considerate as to allow the plea for a professional engagement to take precedence over all others.

Sec. 4.—As professional engagements may sometimes cause delay in attendance, the physician who first arrives should wait for a reasonable time, after which the consultation should be considered as postponed to a new appointment.

Sec. 5.—In consultations no insincerity, rivalry or envy should be indulged; candor, probity and all due respect should be observed toward the physician in charge of the case.

Sec. 6.—No statement or discussion of the case should take place before the patient or friends, except in the presence of all the physicians attending, or by their common consent; and no opinions or prognostications should be delivered which are not the result of previous deliberation and concurrence.

Sec. 7.—No decision should restrain the attending physician from making such subsequent variations in the mode of treatment as any unexpected change in the character of the case may demand. But at the next consultation reasons for the variations should be stated. The same privilege, with its obligation, belongs to the consultant when sent for in an emergency during the absence of the family physician.

Sec. 8.—The attending physician, at any time, may prescribe for the patient; not so the consultant, when alone, except in a case of emergency or when called from a considerable distance. In the first instance the consultant should do what is needed, and in the second should do no more than make an examination of the patient and leave a written opinion, under seal, to be delivered to the attending physician.

Sec. 9.—All discussions in consultation should be held as confidential. Neither by words nor by manner should any of the participants in a consultation assert or intimate that any part of the treatment pursued did not receive his assent.

Sec. 10.—It may happen that two physicians can not agree in their views of the nature of a case and of the treatment to be pursued. In the event of such disagreement a third physician should, if practicable, be called in. None but the rarest and most exceptional circumstances would justify the consultant in taking charge of the case. He should not do so merely on the solicitation of the patient or friends.

Sec. 11.—A physician who is called in consultation should observe the most honorable and scrupulous regard for the character and standing of the attending physician, whose conduct of the case should be justified, as far as can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which would

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impair the confidence reposed in the attending physician.

ARTICLE IV.—DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE.

Sec. 1.—Medicine being a liberal profession, those admitted to its ranks should found their expectations of practice especially on the character and the extent of their medical education.

Sec. 2.—The physician, in his intercourse with a patient under the care of another physician, should observe the strictest caution and reserve; should give no disingenuous hints relative to the nature and treatment of the patient's disorder, nor should the course of conduct of the physician, directly or indirectly, tend to diminish the truth reposed in the attending physician.

Sec. 3.—The same circumspection should be observed when, from motives of business or friendship, a physician is prompted to visit a person who is under the direction of another physician. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

Sec. 4.—A physician ought not to take charge of, or prescribe for, a patient who has recently been under the care of another physician, in the same illness, except in case of a sudden emergency, or in consultation with the physician previously in attendance, or when that physician has relinquished the case or has been dismissed in due form.

Sec. 5.—The physician acting in conformity with the preceding section should not make damaging insinuations regarding the practice adopted, and, indeed, should justify it if consistent with truth and probity; for it often happens that patients become dissatisfied when they are not immediately relieved, and, as many disease are naturally protracted, the seeming want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge or skill.

Sec. 6.—When a physician is called to an urgent case, because the family attendant is not at hand, unless assistance in consultation is desired, the former should resign the care of the patient immediately on the arrival of the family physician.

Sec. 7.—It often happens, in cases of sudden illness, and of accidents and injuries, owing to the alarm and anxiety of friends, that several physicians are simultaneously summoned. Under these circumstances, courtesy should assign the patient to the first who arrives, and who, if necessary, may invoke the aid of some of those present. In such case, however, the acting physician should request that the family physician be called, and should withdraw unless requested to continue in attendance.

Sec. 8.—Whenever a physician is called to the patient of another physician during the enforced absence of that physician the case should be relinquished on the return of the latter.

Sec. 9.—A physician, while visiting a sick person in the country, may be asked to see another physician's patient because of a sudden aggravation of the disease. On such an occasion the immediate needs of the patient should be attended to and the case relinquished on the arrival of the attending physician.

Sec. 10.—When a physician who has been engaged to attend an obstetric case is absent and another is sent for, delivery being accomplished during the vicarious attendance, the acting physician is entitled to the professional fee, but must resign the patient on the arrival of the physician first engaged.

ARTICLE V.—DIFFERENCES BETWEEN PHYSICIANS.

Sec. 1.—Diversity of opinion and opposition of interest may, in the medical

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as in other professions, sometimes occasion controversy and even contention. Whenever such unfortunate cases occur and can not be immediately adjusted, they should be referred to the arbitration of a sufficient number of impartial physicians.

Sec. 2.—A peculiar reserve must be maintained by physicians toward the public in regard to some professional questions, and as there exist many points in medical ethics and etiquette through which the feelings of physicians may be painfully assailed in their intercourse, and which can not be understood or appreciated by general society, neither the subject matter of their differences nor the adjudication of the arbitration should be made public.

ARTICLE VI.—COMPENSATION.

Sec. 1.—By the members of no profession are eleemosynary services more liberally dispensed than by the medical, but justice requires that some limits should be placed to their performance. Poverty, mutual professional obligations, and certain of the public duties named in Sections 1 and 2, of Chapter III, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or the rich, or by societies for mutual benefit, for life insurance, or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege.

Sec. 2.—It can not be justly expected of physicians to furnish certificates of inability to serve on juries, or to perform militia duty; to testify to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without due compensation. But to persons in indigent circumstances such services should always be cheerfully and freely accorded.

Sec. 3.—Some general rules should be adopted by the physicians in every town or district relative to the minimum pecuniary acknowledgment from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

Sec. 4.—It is derogatory to professional character for physicians to pay or offer to pay commissions to any person whatsoever who may recommend to them patients requiring general or special treatment or surgical operations. It is equally derogatory to professional character for physicians to solicit or to receive such commissions.

CHAPTER III.

THE DUTIES OF THE PROFESSION TO THE PUBLIC.

Sec. 1.—As good citizens it is the duty of physicians to be very vigilant for the welfare of the community, and to bear their part in sustaining its laws, institutions and burdens; especially should they be ready to cooperate with the proper authorities in the administration and the observance of sanitary laws and regulations, and they should also be ever ready to give counsel to the public in relation to subjects especially appertaining to their profession, as on questions of sanitary police, public hygiene and legal medicine.

Sec. 2.—It is the province of physicians to enlighten the public in regard to quarantine regulations; to the location, arrangement and dietaries of hospitals, asylums, schools, prisons and similar institutions; in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence prevails, it is their duty to face the danger, and to continue their labors for the alleviation of the suffering people, even at the risk of their own lives.

Sec. 3.—Physicians, when called on by legally constituted authorities, should always be ready to enlighten inquests and courts of justice on subjects strictly medical, such as involve questions relating to sanity, legitimacy, murder by poison or other violent means, and various other subjects embraced in the sci-

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ence of medical jurisprudence. It is but just, however, for them to expect compensation for their services.

Sec. 4.—It is the duty of physicians who are frequent witnesses of the great wrongs committed by charlatans and of the injury to health and even destruction of life caused by the use of their treatment, to enlighten the public on these subjects and to make known the injuries sustained by the unwary from the devices and pretensions of artful impostors.

Sec. 5.—It is the duty of physicians to recognize and by legitimate patronage to promote the profession of pharmacy, on the skill and proficiency of which depends the reliability of remedies, but any pharmacist who, although educated in his own profession, is not a qualified physician, and who assumes to prescribe for the sick, ought not to receive such countenance and support. Any druggist or pharmacist who dispenses deteriorated or sophisticated drugs or who substitutes one remedy for another designated in a prescription ought thereby to forfeit the recognition and influence of physicians.

If we will observe Chapter III., we will find the spirit of "The Thing" eliminated; that physicians have an active duty to perform in their community; that it is right and proper for physicians to become the watch-dogs of their communities; that the question of publicity of the physician is a matter of secondary importance, when compared to the needs of the community; that it is the duty of the physician to be watchful and to speak out strongly in the interests of public good.

As individuals, physicians are of little consequence in their respective communities. The day of the individual physician is passing, and his end is in sight. Organization is now the watchword of progress. It is an economical necessity. Several individuals in a firm become the greatest force in their line. They dominate and control the thought in their community; the individual who is outside of the firm does not cut much of a figure in the same town.

Wherever partnership has been tried by physicians throughout the country, a great success has resulted, and the physicians in each community should make an effort to combine all their number in one or more firms, and when enough of them reside in a community, let the various cliques combine and build and own their own hospital. In this way each member will have time for a vacation for rest or study, while his bank account will not suffer in his absence. He will have hospital facilities right at his door. He can import and combine with his clique any specialist that may be needed and soon be in a position to successfully fight the growing metropolitan menace.

Many of my readers have suspected that the conditions revealed in some of my former articles were the exceptions instead of the rule, and that many of the great specialists referred to were great only in their own estimations. This is in a measure, true.

The cases of accident referred to were based upon legal decisions and have occurred all over the world. They no more represent Chicago or Chicago men than they do those of France or Germany.

They are a few of the many distressing accidents that have been inherent in the system. In justice to the good medical hospital and college, it should be said that they have for a number of years been gradually eliminating the lunatic, the incompetent, and the man who has a train of accident, and it is a rare thing at the present time in Chicago to find among our best institutions a fanatic. If he is not rational and reasonable in both talk and actions his associates hold him strictly to account and eliminate him as a possible disturber.

Of specialists, we have some who are world-beaters in our beloved city, and they are just as trustworthy as any

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good old soul, when he would go onto the fortunately, we also have a goodly number who have found the benefit of organization to offset skill, and are actuated by the almighty dollar alone, and have about as much conscience as the ordinary quack. Many of them, at one time or another, have held good institutional positions, but are being forced out by their more honest and conservative brethren, and have been compelled to organize other institutions that keep just within the legal limits allowable.

Accidents are inherent with the present system, while surgery is still in its primitive stage by temptation to try a new operation or method which is hard to resist.

Many surgeons do not stick to a well tried and conservative method that they have seen tried out and done many times themselves, but are hypnotized by some new operation that seems to offer good results.

In time this will be eliminated and the experimental work will be confined to state institutions alone where it belongs. Things are beginning to shape themselves for a general uplift in medicine, and if all physicians can be persuaded to join the national organizations, in fifteen years medicine will be upon the highest plane of any of the professions, and will be in a position to demand and obtain radical legislation in the interest of public health.

For those individuals who are anxious to begin the crusade in their own neighborhood, a self-addressed and stamped envelope will bring full information. Wake up and begin to work!

♣ ♣ ♣

In the Medical World for October, Dr. W. J. Seel contributes an exceedingly interesting paper on the antiseptic treatment of typhoid fever.

♣ ♣ ♣

The N. A. Journal of Homeopathy announces that Huchard has made public confession of his faith in homeopathy. Is this literally true?

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

SOME OBSERVATIONS

I have been very much interested in the articles published monthly in The Recorder, written by Gordon G. Burdick, M. D., of Chicago, on "The Medical Expert." I wish to say they are the most intelligent and most truthful articles I have ever read. The last one, in the December number, is a good one and goes right to the center; the first part of his article on our beloved professor, calls up memories that will never down with me. I can remember Professor Thorburn, M. D., who was our professor at the Ontario Veterinary College, a good old soul, who would go onto the platform and lecture on medicine, interspersed with a joke occasionally, and would end with this good advice: "Medicines will accomplish what we are taught; if they do not, something is wrong." Now I am a strong believer in medicine, but first diagnose your case correctly, pick out the proper remedy, and if the case is seen in time and is a curable one, a cure will follow. I will relate a case in myself which I called appendicitis. In talking with a physician later, he says there was no doubt of it. I had bought a peck of apples, not very good looking and somewhat wormy, which acted as a laxative. About a week after they were used up the faeces continued soft, but no griping or pain followed. I went to bed in apparently perfect health. About midnight I awoke with the most excruciating pain in my right groin, a spot about

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the size of a hen egg. I wanted to vomit; I arose, and talk about suffering. I guess I went through it for a while. I guess I retched for fifteen minutes before vomiting; the perspiration just ran from my face. I vomited for fully five minutes, my head nearly splitting. I am a great believer in Dr. Burgess' treatment, "The New Field," and always keep his remedies on hand. I took a dose of his laxative, syrup made with equal parts of sugar, aqua and magnesium sulphate, a teaspoonful in two-thirds glass of cold water and followed this with a dose of triple sulphide. I bathed the tender part with magnesium sulphate, acid carb., aqua, as he advises, lying on my back after retiring and massaging the parts gently. I lay probably a half hour when I had to get up and go through the same heart-breaking experience and suffering in trying to vomit. I took the same course of treatment and after finishing, retired again. My head ached so hard I arose and took a dose of acetanilid, spirits glonoin and aqua, putting the acetanilid on my tongue dry, followed by the other. Vomiting ceased after the second dose of syrup and sulphide. There was tenderness in that spot in the right groin for several days. I continued applying the wash and gentle massage, my head aching continually until the soreness of the groin left. I kept up the sulphides four times a day and a dose of syrup at night. The suffering I went through that night was awful, thinking every minute it was my last. I am all alone, a bachelor; have a nice, comfortable home and treat myself at all times as I have made a special study of all classes of medicine.

I want to say to The Recorder readers, get one of Dr. Burgess' books. You will be surprised at the results. Instead of resorting to an operation in appendicitis, try his treatment from the first. Don't give opiates and bind up the bowels.

I am a great believer in calcium sulphide. I just discharged two cases of farcy of the glanders kind, the stable mate of one I shot, with both glanders and farcy. These two I put on ten grain capsules of calcium sulphide in oats, three times a day, sodium hyposulphide, tablespoonful in each pail of drinking water, and as fast as an ulcer would break I applied formaldehyde, one-third, aqua, two thirds, with a brush. One treatment seemed to be enough for each ulcer. They dried up and healed under the scab. Afterwards I applied lard and a little formaldehyde to loosen scab and bring a return of hair. The mule was a pretty bad case and is now apparently sound; no swelling or scars showing.

Since I wrote that article on formaldehye I have answered some letters of inquiry and received a return reply from Kelly, Kansas, from Dr. Hobbs, V. S. In his use of it in anthrax the results were wonderful. It was used on a calf in venous injection, arising in a very short time after given, dying when given. I notice the quickest results follow this remedy when the blood is dark and has lost its red color.

The tissue remedies are the best treatment—human—to use in all forms of rheumatism; I have used quite a lot of them treating friends, gratis.

I wish to say that Dr. Burdick deserve the thanks of the profession for exposing these leeches, and I hope he will continue to do so till they have to fold their tents and go.

DR. H. THOMSON, V. S.
Newman Grove, Nebr.

All that the medical reader cares for is, what good is the medical journal to me and to my patients?—Indiana Medical Journal.

Whitslar, in the Dental Digest, contributes an interesting article on "Zinc Sulphocarbolate" as a local remedy in diseases of the mouth.

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RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

THE TREATMENT OF WHOOPING COUGH.

The Denver Medical Times for October, 1907, contains a symposium on the treatment of whooping cough consisting of nine short papers on the subject written presumably by representative practitioners. The prevailing note is one of helplessness. Every contributor recognizes and admits that there is no specific medical treatment for whooping cough, but that all treatment is mainly empirical and symptomatic for the relief of symptoms and sequels. Of first importance are hygienic measures, cleanliness, plain diet, proper clothing, avoiding excess of it, and especially plenty of fresh air, both by day and night. Attention to these serves also best the purpose of prophylaxis, whooping cough being recognized as highly contagious.

Among drugs antipyrine comes in for recommendation by every writer in the series, as best controlling the frequency and violence of the paroxysms. On account of its depressing effect on the heart it can be used only when the heart's action is good. It may be given at intervals of from two to eight hours, in doses of one grain for each year of age, not to exceed a maximum of five grains to the dose. It may be combined to advantage with bromides. Belladonna, either alone or in combination, has a deserved reputation. Heroin has proven disappointing to many physicians when given in the dose of 1-12 of a grain, as put up in tablets by manufacturers. In much smaller doses, however, one-half grain to two ounces of water, teaspoonful doses, the editor has found it valuable. Codeine, likewise, is generally used in too large a dose and will produce better results in smaller dose. Insufflation of powders, as frequently recommended, does not meet much approval, but inhalation of vapors, steam with creosote or cresolene, is unquestionably of great service in whooping cough. Of late the Kilmer belt, a bandage around the chest and abdomen, has gained much favor and is said to be particularly effective in controlling vomiting.

It is a sad comment upon the power of therapeutics that in one of the most widely spread diseases which, according to Jacobs, is responsible for more deaths annually than typhoid fever, we have nothing to offer but empirical suggestions. There is, after all, some reason for the therapeutic pessimism which affects our profession seriously.

FREQUENCY AND SEQUELS OF GONORRHEA.

The dangers of gonorrhea, its alarming frequency, its far-reaching general effects and the difficulty of eradicating it completely, have for a number of years been a favorite theme of medical writers and teachers. They may have overdone the matter. The assertion that from eighty to ninety-nine per cent of all men have suffered from gonorrhea at least once and that every man who marries at thirty has passed through two attacks of gonorrhea may apply to Europe and possibly two or three of the largest American cities, but is not true of the great majority of American men, the dwellers in rural communities and small cities. It seems to be an exaggeration even as regards Europe. This is the opinion of Prof. Erb, the noted neurologist, whom his studies of the realtionship between tabes and syphilis led to a consideration of the statistics of venereal diseases in general. He says that the figures quoted were not obtained from the actual histories of many men, but by generalization and calcula-

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tion based upon the histories of comparatively few and are therefore incorrect and misleading. He found that of about two thousand of his male patients whose sexual histories were carefully investigated, 48.5 per cent of all had gonorrhea, while 45 per cent had had neither gonorrhea nor syphilis. His patients were Germans. There is every reason to believe that the proportions are more favorable among Americans. The showing in its amended form is bad enough, but is an immense improvement over former figures. Gynecologists from Noeggerath down, have fallen into the habit of charging most of the ailments of married women to gonorrheal infection by their husbands. Erb's figures present a less gloomy view. Among the wives of four hundred of his patients who confessed to having had gonorrhea some time previous to marriage, 375 (9.375 per cent) had never suffered from pelvic infection that could possibly be of gonorrheal origin, and but 17 (4.25 per cent) had had what probably were gonorrheal infections. As for the influence of gonorrhea on fertility, among 370 couples in this class, 68 per cent had two or more, 25 per cent four or more children, and but 12 per cent were childless, and in most of these some reason other than gonorrhea was evident. The medical profession may have to revise its views of gonorrhea to arrive at a more just estimate of it. Even if on further investigation Erb's figures are shown to be nearer the truth than those at present accepted, there is in them enough evidence of danger to inspire a wholesome dread of the consequences of unchastity.

TREATMENT OF GALLSTONE COLIC.

Plantier, a French physician, recommends highly pure and neutral glycerine as a remedy in biliary colic. He says that, administered by the stomach, it is absorbed by the lymphatic vessels and notably by those which go to the hilus and the gall-bladder, and can be found in the blood of the subhepatic veins. Glycerine is a powerful cholagogue. A relatively large dose of it (20 to 30 grams) will frequently bring the crisis to an end. A small dose (5 to 15 grams) taken each day in a little alkaline water will prevent further attacks and may be taken for months or years without bad effect. Dr. Dock, professor of practice in Michigan University gives, during the attack, anodynes enough to dull the pain without entirely obscuring the clinical picture. He does not use chloroform in these cases. Local hot applications and the hot, full bath he considers useful, but prefers copious washings of the stomach with hot water or hot Carlsbad water, which theoretically should lessen congestion and act as a general sedative to the affected tissues. Rest and movements of the bowels are to be encouraged.

OSLER'S APHORISMS.

It is to be regretted that Prof. Osler persists in delivering himself of smart sayings which can do no possible good. His latest, in an address to the students of St. Mary's hospital, is reported to be: "Be skeptical as to the pharmacopea as a whole. He is the best doctor who knows the worthlessness of most medicines."

The fallacy of this is apparent to the experienced practitioner. Its harmfulness lies in the fact that, coming with the weight of the authority of a great name, it is accepted by the young men. It is particularly poor advice to give to those who have not yet formed their own opinions and it is unkind, after having carefully trained men for this profession, to knock their "props" from under them just when they need them the most, at the outset of their career. These paradoxical utterances are eagerly seized upon by the public as revelations of trade secrets, while at best they are only half-truths and serve to diminish what little confidence the people still have in their physicians. Osler is ac-

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knowledged a scientific authority, but he is not a great practitioner and his influence upon contemporaneous medicine is not wholesome.

There is a different ring to the words spoken to another body of medical students, those of Leeds University, by another teacher, Sir James Crichton Browne. He says: "Great have been the contributions of Germany to medicine and surgery, but those of England have been greater still, and while at this moment the young medical men she is sending forth from her universities have perhaps theoretical attainments higher than those who learn at our medical schools, they are no better practically prepared for their professional work. As a clinician our young English practitioner is quite equal to, if not superior to any continental compeer. After all, it is the competent clinician that is the main thing. The researches must always be comparatively few in number. But there is not one of you who may not, by profiting by the instructions here given, become the sure messenger of hope and healing in many a stricken home, and by your skill and science assuage the sufferings of your fellow men."

That kind of talk is helpful. To become a competent clinician, a trusted and loved physician rather than a barren pessimistic theorist, should be the pride and ambition of every young medical man. What Sir James says in praise of the English practitioner, that he is fitted for the practical work of his profession, is equally true of the American. May it always be true. To be a good clinician is, after all, of first importance. To be such you cannot despise the pharmacopea.

Rosacea. In the treatment of this affection, Prof. Shoemaker pays great attention to the digestive apparatus, keeping the bowels freely open; and administers strychnine in full doses. Virginia Medical Semi-Monthly.

WHAT OTHERS SAY

The special indication for cactus is the irregular heart beats, fast for a while and then slower for a while.—Kinnett, Chicago Medical Times.

Strychnine unites with the asthmatic leukomain to make of it a complete chemical entity for excretion.—Burke, Dominion Medical Monthly.

Dispense yourself, if you deem it best; but in every case be sure to get what you want if it can be found, and call no man master.—Clinical Reporter.

Let the railers against modern medicine direct their energies to constructing better homes and establishing better sanitation.—Schneider, The Pacific Pharmacist.

The vague and careless term autoinfection has been given a revealing meaning, leading to a consideration of one of the greatest influences for evil encountered in the study of disease.—H. H. Grant, Louisville Med. Journal.

From 1854 to 1894 only one patient not operated upon died in Guy's hospital from an impacted gallstone, the total deaths from all causes having been over 20,000. Out of thirty-five cases operated upon, ten died.—White, British Med. Journal.

In regional infections, as in pneumonia, phlegmons and carbuncles, the action of aconitine is unimportant in the process of resolution or liquidation of the focal center; but there is always a surrounding hyperemic border that may profit by its continued therapeutic use.—Burke, Southern Clinic.

Camphor is a diffusible stimulant, acting in a few minutes and perfectly safe. My use has been chiefly limited to the monobromate in single-grain doses. It acts promptly and pleasantly. Some of my heart patients carry it constantly in their pockets.—Satterthwaite, Virginia Medical Seim-Monthly.

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We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 11 JANUARY, 1908 No. 1

COSMETIC SURGERY

This subject has been neglected by the regular profession, until recently, when Dr. Chas. C. Miller, of Chicago, has taken up the work. Dr. Miller is doing a large amount of original work in this field and reporting his results to the profession. Much of Dr. Miller's work is given in the articles he contributes to The Recorder, each month. This is a class of work for which there is much demand, and physicians competent to do the minor surgical operations required can derive satisfactory results and good remuneration.

The well known London weekly medical journal, The Hospital, has the following to say, in a recent issue, regarding Dr. Miller's work:

"American enterprise manifests itself in surgery as in other spheres of usefulness. In a recent article by Dr. Charles C. Miller, of Chicago, the 'cosmetic surgery of the face' is promised a great future. Dr. Miller appears to have given a great deal of attention to the subject, and after working out the relations between the different lines of expression and the muscles which, by their continued contraction, give rise to these lines, he has devised methods of operation by which the various muscles may be divided, and the lines thereby more or less obliterated. Thus the transverse wrinkles of the forehead are, of course, due to contraction of minute fibres of the occipitofrontalis, and these he divides by subcutaneous transverse section by means of a small, sharp hook with a cutting edge. In most cases the corrugator supercilii muscles must also be divided. For the eradication of crow's feet he performs a canthotomy, and then completes the division of the orbicularis palpebrarum. The treatment of wrinkles about the mouth is on similar lines, but the different points for insertion of the hook and the particular fibres to be divided vary considerably according to the nature of the case, and a large amount of individual skill and experience are necessary for the purpose. Local anaesthesia is recommended for these operations. Dr. Miller is careful not to promise entire obliteration of the lines of age and a complete rejuvenation of the countenance, but even with this precaution the occupation sounds hazardous. It is easy to imagine that in any but very skilful hands such operations might yield as a result the opposite of what was intended."

INFLUENZA

From several parts of the country we hear of an epidemic of influenza again passing over the country, and at the

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time of writing it seems to have commenced in Chicago.

Judging from the history of this remarkable disease, we are impressed with the enormous quantity of drugs that have been administered in its treatment, without any definite and conclusive testimony as to the real efficacy of either of the agents most employed. In one of the earlier epidemics camphor became very popular indeed. This was followed by quinine, the ammonia salts, the cold tars, and the bromides. Each of these in turn was given in vast quantities, by the tons in fact, and yet it has not been long since a prominent -physician declared there was no proof that any remedy materially interfered with the natural progress of the disease, or even markedly relieved the symptoms. This, however, was the outgrowth of pessimistic views, and does not accord with the experience and the intelligence of the physician who has eyes to 'see, and a brain to think, and is willing to trust the testimony thereby afforded.

Sir Benjamin Ward Richardson once called attention to the primary need of this affection, of a remedy for the profound relaxation present over the entire body. This, however, is but a symptom, and it seems like better practice to endeavor to eliminate the cause of the depression rathan than to meet it directly. However, both indications may be met at the same time. We could commend the following treatment for influenza, applying thereto the principles of therapeusis which we have found applicable to fevers in general:

First: Completely empty the alimentary canal.

Second: See that the elimination is wide open, so that toxins generated by the disease may be carried out of the body as rapidly as possible.

Third: Reinforce the leuococytes, or rather the natural forces of the body, by the administration of full doses of nuclein.

Fourth: Sustain the heart and the vital forces generally by the powerful vital incitant, strychnine.

Fifth: Which many persons will put first—relieve the excessive pain when it is present.

Saline laxatives and colonic flushing meet the first indication. The second may be favored by veratrine in small doses, too small to cause vital depression or cardiac weakness, but still large enough to open the emunctories and let out the toxins. In many cases, however, the depression is so great that even very moderate doses of such remedies will prove too prostrating, and here the writer firmly believes a better remedy will be found in gelseminine. For the benefit of those who have not used this remedy, we would say that 1-250 gr. may be given every fifteen minutes, and repeated until the pulse slackens as much as may be deemed advisable, or even until the eyelids droop—this being the symptom of the beginning toxic action of the drug, when its use should be suspended until this symptom passes off.

The writer had occasion to note with surprise, and profound interest the fact that when patients have laid aside their long-accustomed morphine, the feeling of intense debility and prostration which sometimes follows is completely relieved by 1-50 gr. of gelseminine hydrochloride, administered hypodermically. This is the case even when the pulse is feeble and soft, and the other objective signs confirm the patient's sensation of weakness. The pulse improves under this dose of gelseminine, and in a few moments the patient may be going briskly about the room, happily joining in the conversation and avocations of those in the house. Surely a drug which causes such relief in such a condition, cannot be dangerously depressant in such doses. This is also a most effectual remedy to relieve the pain of influenza, although in many cases the writer has found relief too marked to be accidental, following the administration

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of various forms of ammonia, such as the carbonate, bromide, salicylate, but not so much from the chloride. Nuclein solution may be given in full doses, that is up to a dram each every twenty-four hours, to great advantage, and at least without harm done.

In the administration of heart-tonics, however, the greatest care must be exercised, as comparatively small doses of strychnine may be followed by over-action and collapse. The writer firmly believes that brucine is better suited to this condition, and in a number of instances he has found that none of the cardiac tensors was admissible in the treatment of this disease; but instead, that those so-called cardiac remedies that lie near the dividing line between tension production and relaxation, do better. He refers particularuy to cactin and sparteine, and either of which may be given frequently and in comparatively small doses.

The patient with influenza does not withstand large doses of any remedy whatsoever. It is not a disease for the sledge-hammer, but for rather cautious dosage, according to indications, with the closest attention to the symptoms, so that the treatment may be modified at a moment's notice. This increased susceptibility of the patient's system to the action of medicine, is one of the characteristic symptoms of the malady.

We know of no place in the treatment of this disease for alcohol in any shape whatsoever. We have never found it anything but a disadvantage and a nuisance, while in anything but the smallest doses it is a positive menace to the patient's life.

We would suggest that entirely too much attention has been given to strychnine as a tonic. There are others, and we believe that among these others will be found better tonic remedies to be used in the treatment of influenza. We would especially suggest two remedies for trial. One of these is populin. The tonicity. slowly pronounced, but enduring, of its effects, may possibly be found to be well adapted to the condition presented in this malady.

The other is cornin, a "concentration" from cornus florida. This drug partakes to some extent of the qualities of quinine, without its stimulating effect upon the cerebrum. It is an excellent tonic, like hydrastin, somewhat slow in development, but exceedingly lasting in its action. One or the other of these three remedies may be found especially suited for combating the depression of influenza, and we would suggest a trial of each of them in turn.

The diet should be of food quite nutritious, easily digested, given in small quantities at frequent intervals, and preferably hot. Four ounces every two hours is a fair average adult's dose of food. The fresh fruit juices containing the plant life should be given in at least eight-ounce doses, daily, the best fruit which is obtainable at the time and place being selected, although the writer has a strong preference for the juice of the grape-fruit.

This is another disease in which the open air is infinitely better than any confined room, however carefully its ventilation may be seen to. You cannot have too much ventilation in case of infective disease.

INERT DRUGS

It is a pity that every physician does not render himself proficient in logic before he commenced to study medicine. A vast amount of trouble could be thereby saved. If, however, the medical student has not been taught to think logically, some amends might be made were he to attend a court of medical jurisprudence, which would teach him what is testimony and what is not; in fact, if he were trained in the art of giving and of judging of testimony it would be invaluable. For lack of this simple knowledge many a first-rate phy-

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sician has been hopelessly tangled up by shrewd cross-examining lawyers, and has left the witness box feeling himself disgraced.

And yet, when one understands it, the matter is exceedingly simple. All one has to do is to tell what he knows, and then stop. When we begin to tell what we think we know, trouble instantly commences.

This subject is brought forcibly to mind by the following sentence occurring in Livingston's paper on ergot, in the Medical Record. He says: "Ergot does not markedly contract that which is normal in tone."

Suppose we are making physiologic tests of ergot. Administering the drug to a normal individual, no alteration is observable in the tone of the blood-vessels. All that we are warranted in saying in this case, is that we have observed no alteration in tone in those individuals. Were we to go on, however, and say that ergot does not increase the tone of the blood-vessels, we are making a statement which is not warranted by our experiments.

That ergot, administered to a person whose vascular tension is below par, should restore the tension to normal, is another fact entirely. But it is of the utmost significance if this should be the case. For if it occurs in one instance, with one drug, there is no reason to doubt that it may occur in other instances, and with other drugs.

If Livingston's statement in this respect is established, or allowed, it completely demolishes the whole case that has been built up against cactus, echinacea, hamamelis, and many other drugs. Experiments made with these drugs on individuals in the state of health have resulted in the unwarranted assertion being set forth that these drugs are 'inert.' If, however, ergot exerts an easily recognizable action in increasing the tension of blood-vessels whose tension was previously below the normal standard, there is no reason whatever for holding that echinacea cannot possibly favorably affect persons who are laboring under septic toxemias, even though no perceptible effect is occasioned by the administration of echinacea on individuals in perfect health.

The same reasoning applies to cactus, which has been termed "inert," because one particular form of effect upon the heart was not manifested in experiments made upon animals, even though that particular effect was one which the advocates of cactus had unanimously denied to it, their judgment being based upon clinical observations made on the action of the drug when administered to persons—human beings—in certain conditions of disease. The gap here between the actuality of the observations made, and the widths of the deductions made therefrom, is infinitely greater than in the case of ergot.

The eclectics have used cactus for years and have a large literature on its therapeutic value. Dr. Finley Ellingwood says in his Therapeutist:

"Probably twenty thousand physicians have been using this remedy for many years, with results that are impossible with any other single heart remedy, or I believe I am safe in saying, any combination of heart remedies. * * * In its general influence, for breadth of action, for specific directness, for reliability, smoothness and general trustworthiness of action, this agent takes precedence over other heart remedies."

These things should render us exceding cautious about making broad statements, because the cause of scientific truth is only hindered thereby. One should be careful not to go a hair's breadth beyond the absolute facts deducible from the data at his disposal. Anything more than this simply shows the ignorance of the party indulging in such rash and heedless statements, and his inability to reason logically.

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The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

A TEXT BOOK OF PRACTICAL GYNECOLOGY. For Practitioners and Students. By D. Tod Gilliam, M. D., Emeritus Professor of Gynecology in Starling-Ohio Medical College, and Sometime Professor of Gynecology, Starling Medical College; Gynecologist to St. Anthony and St. Francis Hospitals; Consulting Gynecologist to Park View Sanitarium, Columbus, Ohio; Fellow of the American Association of Obstetricians and Gynecologists; Member of the American Medical Association, of the Ninth International Medical Congress, Etc. Second, Revised Edition. Illustrated with 350 Engravings, a Colored Frontispiece, and 13 Full-page Half-Tone Plates. 642 Royal Octavo Pages. Extra Cloth, $4.50, net; Half-morocco, Gilt-top, $6.00, net. Sold only by Subscription. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

This volume covers the subject of gynecology in fifty chapters. There are chapters on diseases of the rectum, the urinary system, and on intestinal anastomosis. As indicated by the title, the book is practical, giving more attention to diagnosis and treatment than to pathology. The book gives the results of the large personal experience of the author, who for many years has been a prominent gynecologist.

The first chapter is devoted to a discussion of the general causes of diseases in women and gives some excellent suggestions regarding dress, exercise, habits, etc. The author very properly criticises our modern school system which educates our girls by methods which destroy their health. He says: "Competitive examinations and examinations for grade, are among the most pernicious features of our school system and should be abolished."

Several chapters are devoted to a careful presentation of methods of gynecologic examination and technique. Treatment—medical, electrical, and surgical—is clearly described, making the book a practical guide to the working physician.

A good general index and index of regional symptoms make the book very convenient for reference. The many splendid illustrations and plates add to the value of the work.

THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Nervous and Mental Diseases Edited by H. T. Patrick, M. D., Professor of Neurology in The Chicago Policlinic, and C. L. Mix, M. D., Professor of Physical Diagnosis, Northwestern University Medical School. Vol. 7. Series 1907. Pages 240. Illustrated. Cloth. Price $1.25. Price of the Series of Ten Volumes, $10.00. The Year Book Publishers, 40 Dearborn St., Chicago.

This volume completes the 1907 series of these valuable year books. This series has been popular with the profession from the start, but the improvement in the books, compared with the first issues, have made them invaluable to a large part of the profession.

This book gives an exhaustive review of a year's progress in nervous and mental disease. The matter is presented under the following heads: The neurone theory, symptomatology, re-

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flexes, neuroses, diseases of brain and meninges, diseases of the spinal cord, diseases of the peripheral nerves, and miscellaneous nervous diseases. The book is illustrated with sixteen full-page half-tone plates and a number of cuts.

The 1908 series will soon begin and we advise our readers to order the books now and obtain the first volume. These books certainly are good value for the price.

BOOK NOTES

The January number of the American Journal of Clinical Medicine contains 150 pages of reading matter and is freely illustrated, containing the portraits of many of Clinic contributors This number contains the first instalment of the Clinical Medicine Post-Graduate School of Therapeutics, conducted by Dr. Geo. F. Butler.

The Physicians' Daily Memorandum for 1908 is a handy memorandum book substantially bound in red cloth. It is very convenient for recording things to be remembered. At the top of each page the date is printed, which is convenient for reference. This book is sent free to physicians by M. J. Breitenbach Company, 53 Warren St., New York City.

Dreer's Garden Book for 1908 is the seventieth annual issue of this garden guide. It is a book of 248 pages, illustrated with fine colored plates and hundreds of half-tones. It is much more than a catalogue of garden supplies as it contains a large amount of information on gardening. Everyone interested in any way in horticulture, floriculture or gardening should have a copy, which may be obtained free by addressing Henry Dreer, 714 Chestnut St., Philadelphia.

J. H. Chambers & Co., St. Louis, Mo., publish a Visiting and Pocket Reference Book for Physicians, well bound in vellum, for 50 cents. The book contains: Table of signs, how to keep visiting list, obstetrical menoranda, clinical emergencies, artificial respiration, poisons and antidotes, dose table, important incompatibles, ruled printed pages for weekly visiting list, memoranda, nurses' addresses, clinical record, obstetric record, birth record, bills rendered, cash received, miscellaneous memoranda, death record, vaccination record, articles loaned, cash loaned. The publishers will mail copy postpaid on receipt of twenty-four 2-cent stamps.

The American Magazine is in charge of John S. Phillips, Ida M. Tarbell, Lincoln Steffens, Ray Stannard Baker and F. P. Dunne, (Mr. Dooley). It contains the exclusive writings of these famous authors. Mr. Dooley, for instance, appears exclusively in every issue of the American Magazine during 1908. Upton Sinclair contributes his new novel, "The Metropolis." Leading articles in the February number are: "Mr. Dooley on Hard Times," with cartoons by John T. McCutcheon, by F. P. Dunne; "The Color Line in the North," illustrated, by Ray Stannard Baker; "Lincoln's Boyhood," illustrated, by Eleanor Atkinson; "'The Battle of the Books," illustrated, by Adele Marie Shaw; "Rudolph Spreckels," a business man fighting for his city, illustrated, by Lincoln Steffens; "In the Different World," concerning theology, illustrated, by Venita Seibert; "A Study in Optimism," a story for writers, artists, and editors only, illustrated, by Charles Battell Loomis; "Roosevelt vs. Rockefeller," by Ida M. Tarbell.

Some of the articles in the Cosmopolitan Magazine for January, are: Evolution of Honesty," by Elbert Hubbard; "The Black Hundred of Russia," illustrated, by Robert Crozier Long; "Impressions of My American Visit," illustrated, by the Bishop of London; "At

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the Throat of the Republic," second article; at the election, illustrated, by Charles Edward Russell; "A Wonderful New Singer," illustrated with portraits of Mary Garden, by William Armstrong; "Strange Prophecy About Roosevelt," illustrated, by Henry Watterson; "Steam Turbines and the Future," illustrated, by Waldemar Kaempffert; "The Little Story of a Little Investor," by One of the Sufferers; "A Defense of the Actor," by Alan Dale.

McClures has gone up in quality as well as in price. "The Needs of Our Navy," by Henry Reuterdahl, in the January number, gives some staggering facts about our battleship, and our preparation for war. "Great American Fortunes," by Burton J. Hendrick, sums up the history of the Metropolitan Street Railway and its effects on the public. "One Man and His Town," by Marion H. Carter, is an account of a man who practically grew a town and gives some new and amusing first-hand anecdotes of the greatest American. There is a discussion of the relation of hypnotism to crime and disease by Professor Munsterberg. John La Farge, America's foremost artist, begins a series of "One Hundred Masterpieces of Painting," and Ellen Terry, continuing her memoirs, tells "What Henry Irving Did for the English Stage." There is plenty of good fiction. McClure's is now $1.50 per year, or 15 cents per copy.

Everybody's for January gives the inside story of the recent panic—"The Game Got Them"—by Edwin Lefevre, the Wall Street expert. William Hard takes up the question of "De Kid Wot Works at Night," and writes of the newsboy, the messenger boy, and the street gamin. "The Romance of the Reaper" is continued by Herbert N. Casson, who tells of the introduction of the harvester, and of the war of the reaper kings. One of the most remarkable offerings is "The Autobiography of a Climber," in which a self-made society woman confesses the history of her ascent from the bottom to the top of the social ladder. In his continuation of "Where Did You Get It, Gentlemen?" Charles Edward Russell pillories the Metropolitan Street Railway of New York, and exposes the means by which the strap-hanging public is, has been, and will be swindled. An echo from the symposium "What Is a Good Man?" which attracted such wide-spread attention last month, is found in a contribution from General Count Kuroki, who is chief in command of the Japanese army.

The World To-Day, for January, is a splendid issue of this splendid magazine, which is one of the handsomest and best magazines published. It is a monthly record of the world's progress, elegantly illustrated. A few of the articles in the January number are: "Our Colonial Empire: The Philippines in Prosperity," illustrated, by Hamilton Wright; "Where the Perfumes of the World are Made,' illustrated, by Jane Rosamond White; "Recent Insurance Legislation," by Warren Milton Persons; "Speculation, Legitimate and Illegitimate," by a member of stock exchange; "Equality: A Silhouette of Life," by Maurice C. Lipman; Apropos of Our Itinerant Peace Conference; "Breaking into Literature," by Wallace Rice; "Philip L. Hale, Artist and Critic," illustrated, by Frederick W. Coburn; "Will the Railroads Abandon Steam?" illustrated, by Clyde Fennimore Burns; "Boy Policemen," illustrated, by T. R. Porter; "Liberia: Its Crisis and Its Opportunity," illustrated, by Joseph Crane Hartzell; "Paper Clothing," by Annie E. S. Beard; "The Battle with the Sand Dunes," illustrated, by William Atherton Du Puy; "A Moth That Has Cost Millions," by Livingston Wright; "A New Method of Walking," illustrated, by Julius Grundmann.

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MEDICAL PROGRESS

By E. S. McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

Fecundity in the Aged. F. Powers, M. D., Westport, Conn., reports the case of a patient who at the age of fifty gave birth to triplets, named respectively Franklin, Francis and Frederick. They all became sea captains and lived beyond three score and ten. It is related of the brothers that while in Charleston they all went to the same barber shop to get shaved, one in the morning, one at noon and one in the evening. The barber said he never saw in all his life a man whose beard grew as fast as that man's.

* * *

Longevity in Relation to Useful Work. The Hon. Clark Bell, President of the New York Medico-Legal Society and Editor of the New York Medico-Legal Journal, combats, in a recent number of his journal, the ideas improperly attributed to Osler of the inefficiency of the aged. He reasons that an animal grows as long as its bones are not united to their epiphyses. The duration of life is five times that of this growth. In man this growth ends at twenty. The normal duration of the life of man should reach one hundred years. He cites a long list of animals whose union of their bones to their epiphyses and the length of their lives proves this theory.

Rudolph Virchow is prominent in a long list of great old men mentioned by Mr. Bell. In political life he was "the grand old man of Germany." To science he ever stood on the highest Alps of intellect, not alone for Germany, but for the world. Mr. Bell says that Virchow will be known longer by the world, outside of Germany, for his contributions science, than for his work in the Prussian chamber. His greatest work was long after sixty, and probably after seventy years of age.

The revolutionists of 1848, in Germany, took for their motto, "German republic, material welfare, culture and freedom for all." And Virchow was brave enough to take this for his motto in his speeches and writings. He was for a time banished from Prussia. Virchow so bitterly opposed Bismark in the great constitutional conflict that the chancellor challanged the professor to a duel and informed him that the Minister of War would be one of his seconds. Virchow, without retracting his statements, declined the challenge, saying that his life was too valuable to mankind to be put to the chance of a duel with a politician. He was no coward, for he did not hesitate to expose it five years later in the war with France. In the great "Kulturkampf" Virchow took a leading part and in fact the word was coined by him. Virchow was not only great in politics and in medicine, but in many departments of science. Among many other examples of the ability of the aged, our essayist failed from diffidence to mention one marked example. The Hon. Clark Bell is past seventy-five.

* * *

Painless Labor Due to Destructive Lesion of the Spinal Cord. Dr. E. W. Taylor, reports to the Boston Obstetrical Society the case of a woman, age 24. The evidence from the clinical signs were conclusive that there was a complete transverse destructive lesion of the spinal cord involving the entire lumbar region. Under these conditions of complete motor and sensory paralysis of

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the lower extremities the baby was born. Accidentally uterine contractions were discovered in a routine examination of the abdominal walls. The patient was totally unconscious of pain. The abdominal muscles seemed to take no part in the expulsion. The uterine contractions seemed sufficient till the head was on the perineum. Here progress ceased and as it seemed that no further advance would be made the forceps were applied and the child delivered. The child was of the ordinary size and healthy. The perineum was torn and was at once sewed up without the slightest pain. Convalescence from labor was uneventful, the perineal tear healing nicely in spite of the incontinance of urine. The patient died ten weeks later and the autopsy showed a completely destructive sarcomatous tumor of the whole lumbar and sacral region of the cord, thence extending upward on its dorsal region into the cervical region. Cases of painless labor due to central lesions of the nervous system are sufficiently unusual to be of interest. Gross destructive lesions of the spinal cord during pregnancy serve as a physiological experiment, the signficance of which ought not to be overlooked. The case reported demonstrates from the standpoint of an unique pathological lesion that uterine contractions may occur without pain; that the fetus may be carried far on its way if not completely expelled by a uterus separated from its central connections and without the aid of abdominal muscles, and that its final contraction after the expulsion of the placenta may be complete and satisfactory, precluding the likelihood of post partum hemorrhage.

* * *

A New Operation in Anus Vulvo-vestibularis. A report of this interesting condition is made by F. Niefsner, Wiener Klin. Woch., November, 1907. He made a cutaneous incision from the tip of the coccyx to the natural opening of the anus and encircled the same. He now, with considerable ease by means of dull dissection, loosened the rectum from the surrounding muscle and tissue. A few snips with the scissors made the rectum easily moveable. A pair of forceps was passed through the middle of the sphincter externus, the slit sufficiently enlarged and the rectum was drawn through and sutured to the integument. The result was very good, according to the Deutsche Med. Zeitung.

* * *

An Experiment in Civic Medicine. St. Louis has an insane commision in connection with her city jail which merits some consideration from the outside world. The main purposes underlying this commission is the cultivation of better standard of medical expert testimony with respect to mental questions in the criminal courts of St. Louis, and the training of a group of medical experts. The ccentral idea is that the expert should have nothing whatever to do with either side of the case. The expert exists for the sole purpose of informing the court upon questions where expert knowledge is necessary. This commission consists of the jail physician, ex officio, and three experts appointed by the courts. These three members shall be specialists on nervous and mental diseases with knowledge and training sufficient to enable them to speak with authority on these subjects. One member is to be appointed chairman whose duty it shall be to apportion the work to be done by the other members and to represent the body where that is necessary. Whenever in the opinion of the circuit attorney, there is a prisoner who needs observation as to his mental condition this board observes and studies him separately and collectively, as the case demands, for the purpose of determining his responsibility, his irresponsibility, degree of irresponsibility, and his final disposal if his irresponsibility is established. The decision of this commission is to be submitted to the judge before whom the prisoner is

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to be tried. If the decision is not unanimous dissenting opinion may be submitted. This body is to assist the court in any way within its power to arrive at a just conclusion. It is allowable for the court or the jail physician to add to this body at any time such persons as it may deem necessary to arrive at the facts in the case. A room is to be set apart in the jail in which prisoners may be studied under the best possible conditions. The records of this body are to be kept with great care. Each member of the commission is to agree to serve without compensation. The commission has no legal or official position and exists merely as an arm of the court, a convenience in the elucidation of questions pertaining to the mental condition of prisoners coming up for trial. The advantages over the old system is that the findings of the commission have been arrived at from an absolutely unprejudiced standpoint and are based upon clinical evidence uninfluenced by any legal phase of the case. The commission has examined a number of cases and in no instance has its report been rejected. In those cases where the defense refused to accept the report of the commission and the case was brought to trial the opinion of the commission has finally prevailed. The commission has impressed upon the judge and jury the fact of its absolute impartiality.

THE PUPIL IN POETRY

The Pupil in Poetry. The pupil in health and disease is the subject of a very entertaining and instructive article in the Cincinnati Lancet-Clinic, October 12, 1907, by Dr. A. N. Ellis, of Maysville, Ky., special oculist to the United States Pension Department. Among the many neat and wise things he says: "It may be that the wise and painstaking student who first essayed to write up a description of the organ of vision may have had a sweetheart whom he consulted constantly on that which interested him most, and on one occasion when he was looking down into her soulful eyes and reading his fate in their liquid depths, imagined that he saw an image there which resembled an infant, and at once called it "pupa," a baby—"pupilla," a little baby, and that has been the name of that little opening in the iris ever since. Had he been possessed of the ready pen of the Autocrat of the Breakfast Table, me thinks he would at once have laid at the feet of his darling something like this:

"I look upon the fair blue skies,
And naught but empty air I see;
But when I turn me to thine eyes,
It seemeth unto me
Ten thousand angels spread their wings
Within those little azure rings."

A New Conception of the Pupil.—This is the subject of a paragraph in the Lancet-Clinic, October 26, 1907, by Dr. E. S. McKee, of Cincinnati, who received his inspiration from Dr. Ellis' article concerning which he says: "The very neat and appropriate little verse which he quoted reminds me of a verse by Hill, which recalls a slang expression, very aptly describing the all too prevailing custom of the age and race in spite of Roosevelt's advice and example. It reads as follows:

"Look into mine eyes my blushing fair,
Thou'lt see thyself reflected there;
And when in thine, I look, I see
Two little images of me.
Thus in our looks some propagation lies,
For we make babies 'in each others eyes.'"

If the "doubting Thomas" has failed to obtain definite results in therapy the fault lies within himself—proof positive of lack of therapeutic knowledge and of philosophic application of principles.—Med. Monitor.

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MISCELLANY

PRURITUS ANI OR ITCHING PILES

By W. T. Marrs, M. D., Peoria Heights, Illinois.

This is a condition that entails great suffering and such as to inhibit all one's business and social affairs for a good portion of the time. The term, itching piles, is in many cases a misnomer, as hemorrhoids may or may not be a factor of causation in this type of pruritus. In no affection is the correct knowledge of the etiology more essential to the proper treatment than in this ailment. In many cases the trouble does not seem to rest upon a tangible basis and may occur as a neurosis pure and simple. However, in most cases if we go about the matter with painstaking scrutiny we will be rewarded by finding a source of irritation, either internal or external. If we can determine upon the cause the treatment is usually satisfactory.

In a very considerable number of cases this intolerable itching is due to the irritating discharge from a fistulous tract, in which event the treatment is readily suggested. The same is true of fissures. A type of hemorrhoids that may produce it exists near the mucocutaneous line and consists mainly of cutaneous folds and hypertrophied skin. A tightly contracted sphincter ani is an occasional cause; also a cicatrix from an operation for piles has been known to produce it. Thread worms, pin worms, and pediculi have all brought it about. Chronic proctitis is another cause.

The pruritus may be also dependent upon a reflex arising from some irritation rather remotely situated, as prostatis, cystitis, urethral irritation from calculus or other cause, the results of constipation, pregnancy, tumors, etc. A defective metabolism, as in the various dyscrasias, lithemia, syphilis, tuberculosis, etc., may be the only cause that can be ascertained. As the trouble is usually worse in warm weather it would seem that in many cases an irritant toxine is thrown out in the process of sweating. From my observation I am led to believe that a condition of autotoxemia is a strong factor in at least half the cases, and that when the treatment is directed along this line there is an amelioration of the symptoms in all cases. Elimination and intestinal antisepsis should have early and thorough attention in these cases. The local treatment is also essential.

In all cases I have given small doses of calomel followed by salithia and the sulphocarbolates as intestinal antiseptics. This treatment alone with carbenzol applied locally has been followed by great relief in the majority of my cases. In some cases that were purely idiopathic I obtained excellent results from large doses of iodine of potassium. As an alterative I have more recently employed calx iodata with even better results than I derived from the iodine and without disturbance to the stomach.

If the itching is intense the parts may be occasionally touched with carbolic acid and immediately neutralized by the application of alcohol. If there is a "weeping" condition of the parts a bland but slightly astringent powder, like subgallate of busmuth, is very useful. Good results often follow a digital dilatation of the anal sphincter. Various ointments have been used from time immemorial and their efficacy varies in different cases. A very good one is calomel and menthol made up with vaselin. Usually carbenzol somewhat diluted with olive oil or glycerine is sufficient to give relief.

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If a sedative is required cannabin will act very nicely. Morphine should not be employed on account of its tendency to increase the trouble. Strychnine is the best tonic if there should be an indication for such. If a lithemic or cysto-renal disturbance is manifest xanthoxylin and chimaphilin are very serviceable. The main thing in treating these cases is to search unceasingly until the cause is learned, when the treatment will readily suggest itself. Treat the symptoms until such is found out. The writer has known a few inverted hairs about the anal margin to cause a stubborn case of pruritus, upon the removal of which there was immediate subsidence of the trouble.

ANESTHESIA WITH THE H. M. C. COMP.

HYOSCINE-MORPHINE-CACTIN.

I have now been using the tablet for more than a year, and desire to submit a brief report covering my experience, believing that it is only by the comparison of reports from men like myself, who have no interest whatever either for or against this remedy, that the truth can be obtained. Individual experience will always vary, the conditions under which the remedy is applied being variable. While all persons will not stumble (it isn't settled yet) upon the proper technic for the use of a new remedy at the first offset. With these preliminary considerations, I will submit the following reports:

I have made use of this anesthetic in some minor surgical operations and in quite a number of obstetric cases where it was necessary to use the forceps, one tablet being sufficient for any instrumental delivery, the patient never knowing that forceps had been used or when the child was born until told of it afterwards. The results have been most gratifying in all cases. Anyone situated as I am, alone in the country, will readily appreciate the advantage of this remedy over chloroform, as it does away with the need of an assistant, thus saving time and suffering that would otherwise be unavoidable in getting an assistant from another town, also doing away with the necessity of trusting the anesthetic to inexperienced persons. I also employ this remedy as a general anodyne in all cases where morphine is indicated, and find it far superior (being efficient in less dosage) than either morphine alone or morphine and atropine. It induces a quiet, restful and not unreal sleep much more beneficial to the patient than the stupor caused by morphine alone.

The results of my first essay with this remedy were such as to win commendation in my mind, little, if any, short of enthusiasm. The combination proved an excellent, safe and reliable anesthetic without any need of aid from spinal injection or of any expensive equipment and special training for application.

I have practically discontinued the use of chloroform since becoming familiar with the new anesthetic. In fact, the only fault I find is that the profession has been suffered to go so long without this combination when the ingredients of it have been known for years. I trust that its success may lead to further endeavor along the line of scientific prescription building It would have been worth thousands of dollars to me, and more than this, have saved the life of a valuable young man had I obtained it a few months sooner. This patient died from the effects of chloroform while undergoing an operation for a minor trouble. My practice fell off considerably as a result, and since then chloroform has not been popular in this vicinity. This was one of my reasons for welcoming the new anesthetic when it first appeared. I append a few typical cases:

Case 1. A woman, aged sixty, stout. Had been troubled for eight years with periodic abdominal pain, attributed by

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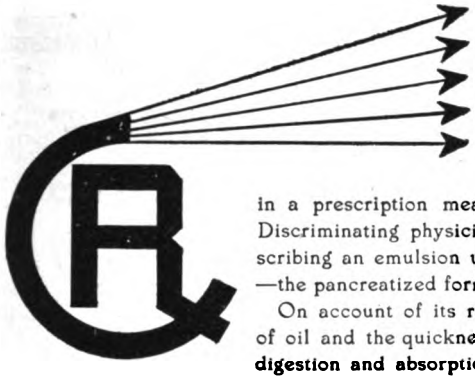

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in a prescription means much to the patient. Discriminating physicians, therefore, when prescribing an emulsion usually specify Hydroleine—the pancreatized form of cod-liver oil.

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THE PREVENTION OF GONORRHEA

Not long ago, several eminent and altruistic urologists felt impelled to proclaim to the medical profession the ghastly statistics of gonorrhea, of its increasing ravages, its indirect but serious consequences to women and children and the fact that gonorrhea once established in the system, is very difficult, and in many cases, impossible to cure. The medical profession investigated the subject therefore, and, horrified by the appalling disclosures, commenced an earnest crusade against veneral disease.

Very little honest reflection was sufficient to convince that centuries of preachment and exhortation had been valueless. For the sake of the innocent to save future wives and children, for the generation to follow, for the good of humanity, something practical had to be done. The genesic impulse, the second strongest law in nature, was too potent for mere verbiage and moralizing to combat. That had been abundantly demonstrated and at fearful cost.

Venerologists, gynecologists, obstetricians and ophthalmologists appreciated this immediately and assumed the moral obligation of searching for a reliable preventive of gonorrhea; for prevention was, obviously, the only solution of the vexing problem. Thus was individual prophylaxis originated, tested and ultimately advocated. The greatest good of the greatest number, the course that compelled itself, even though an occasional unthinking or dogmatic person railed against the step as compromising with vice or interfering with the decrees of providence. However science has had to fight these counterfeit reasoners at almost every step in its advancement but as conditions, not theories, were to be struggled with, individual prophylaxis won success on its merits and by consequence of actual necessity. Now, it is a tidal wave which is sweeping over every civilized community, fortunately for mankind.

Most of the European governments have made it obligatory, in their armies and navies, that the men report for preventive injections after exposure and the percentages of gonorrhea have been reduced thereby to gratifyingly small proportions.

Individual prophylaxis is provided in convenient and reliable form by the Preventol Chemical Co., New York and St. Louis, which puts up a compound of protargol in a small, collapsible tube, ready for instant use and that will keep in any climate or for any length of time. The Company is strictly ethical, appealing to the medical profession only and does not ignore the moral suasion idea, for, wrapped around every preventol tube is a booklet giving the statistics of gonorrhea and emphasizing the dangers of promiscuous sexual intercourse.

Samples of literature, containing results of tests by innoculated cases, etc., will be sent to any physician who will write for them.

IODINE THERAPY

New York, Oct. 1, 1907.

The Burnham Soluble Iodine Co.,

Gentlemen: An experience with Burnham's soluble iodine extending over quite a period of time in hospitals and private practice confirms my opinion that your claims as to the merits of Burnham's soluble ioline are well founded. With its advent the already wide field of iodine medication became wider, the two factors, insolubility and irritation are removed. In conditions indicating iodine it no longer becomes necessary for the physician to debate with himself as to what roundabout combination of iodine he shall use, to meet the requirements and temperament of the individual patient. In it (Burnham's soluble iodine) we find the shortest distance between administration and effect, the straight line in the iodine therapy.

In the following cases in private prac-

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tice, results were satisfactory and well defined.

Mrs. J. W., age 27, applied for treatment. Examination showed ulcerated condition of the cervix; patient complained of much pain and reported slight hemorrhages of frequent recurrence. I applied Burnham's soluble iodine (30 per cent glycerine) and ordered an alkaline douche at night. Improvement soon became apparent and the patient was discharged, cured in three weeks.

Edward L., age 7; thin, anemic, teeth notched and irregular. High palate, enlarged glands, scaly eruption, father's and mother's history syphilitic. After a month's treatment with Burnham's soluble iodine (doses minims 2 increased to minims 5) this little patient showed a marked increase in weight, glandular swelling somewhat reduced, and a distinct improvement in the eruptive process. While long treatment doubtless will be necessary in this case, results to date are very satisfactory. I would also state that in connection with this case, syr. ferri iod. and syr. ac. hydriodic administered for a considerable length of time had produced little results.

I have used Burnham's soluble iodine at the Bellevue Hospital Dispensary of this city, in a large number of cases in the G. U. division with most satisfactory results. Very truly yours,

JOHN H. ERLING, JR., M. D.

304 E. 43rd St., New oYrk City.

FUNCTIONAL NEUROSES

The functional neuroses form an interesting group of diseases, for they are only symptoms at best, and it is up to the physician to get at the cause in each case, so as to overcome it, which is the essence of good treatment.

Many cases of migraine, asthma, chorea, hay fever, coryza, acute catarrhal rhinitis, urticaria and pruritus are pure toxic neuroses due to the toxaemia of faulty metabolism and imperfect elimination of waste products. This is best overcome by forcing elimination, and there is no better remedy for this purpose than alkalithia. Whenever urinalysis discloses imperfect elimination of the urinary solids, in a case of a functional neurosis, alkalithia is sure to benefit the case.

It will pay our readers to send their name and address to The Regal Thermometer Co., Emington, Ill., and receive, free, a bundle of hypodermic needle wires and a copy of their Bargin Bulletin. They are offering three reliable, self-registering, magnified index clinical thermometers for $1.00, post-paid, with choice of cases. Not the cheap, unreliable, so-called thermometers offered at that price by supply houses, but the kind usually sold for at least sixty-five cents each, and they will refund your money if they are not perfectly satisfactory.

The McIntosh Battery & Optical Co., 27-229 Washington St., Chicago, have just issued the twenty-ninth edition of their catalogue, a handsome volume of 160 pages, signalizing the twenty-ninth year of the business.

The mechanical details, such as illustrations, paper, press work and binding, represent the highest degree of perfection of the printer's art.

As the catalog contains several valuable articles on electro-theraptutics, prepared especially for it by well known writers, it will, no doubt, make a welcome addition to any physician's library. The physician interested in electro-therapy can hardly afford to be without a copy. The McIntosh Co. will gladly forward it, postpaid, to any address upon request.

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The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

VOL. XI MARCH, 1908 No 3

Leading Original Articles

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D., 72 Madison St., Chicago, Ill.

(Continued from Page 42 February Recorder.)

THE HOSPITAL.

It is now time to consider the place this institution must occupy in the future of medicine. It is certainly not thinkable that the present institution with its attendant abuses, is to be allowed to continue its career unchecked.

The majority of these institutions are chartered by the state as a charitable undertaking and as such pose before the public, with the "hat" conspicuously displayed before a gullible people.

The grafters who are responsible for these abortions in the name of charity, were wise enough to foresee the advantage of posing as charitable institutions before the law in order to free themselves from the responsibility of damage suits for malpractice, as the law of the state presumes that all institutions of this order are benevolent, and they cannot be held accountable for accidents or neglect. Moreover, the public has been educated to giving up benevolently to anything, no matter how unworthy, which appears under the holy mantle of charity, until the churches, vying with each other, have allowed the various promoters to use the name of their organizations as a religious background for the gigantic growth of graft. Buildings, grounds, endowments, large salaries and fine equipment are being acquired by the dollars that a deluded public is contributing for the relief of human suffering, and the end is not yet. Greater and more monstrous are these institutions growing each year until it is difficult to realize the progress made in twenty years, and yet today, while we have over fifty of these parasites upon the body politic in Chicago, which are posing as charitable institutions there are in reality only three purely charitable hospitals in this great city.

Numerous experiments have been made with patients showing evidence of sickness to even a layman, to take advantage of some of these facilities and in over 125 attempts made at the doors of our greatest institutions, which have profited the most by public benevolence, we have never yet succeeded in getting a patient beyond the superintendent's office. The attempts were made with people from the different walks of life. so that "caste" could not be pleaded as an excuse. Many of these investigators after imparting the information that they were "broke," were bluntly told to go to the County Hospital, as they did not cater to paupers. Others were told more kindly the brutal truth, and others still with a mock sympathy,

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pretended to be distressed owing to the fact that their beds were all full.

Of course, I knew before I sent these poor people out what the results would be; and they were sent merely to turn suspicion into facts. Of all things a charity (?) hospital is not looking for is "paupérs." "Bless you, no"; it's millionaires that pay. Of course it is impossible to fill an institution with the latter class so it is necessary to have a ward background of respectable poor people who are willing to become the charity (?) patients at about $6.00 to $8.00 per week, with various other charges for operating room, anaesthetics, dressings, etc., that go to make up some of the various systems of graft that are worked in different institutions.

In order to get the point of view of the hospital superintendent, one was cultivated in a neighboring city and was plied with plenty of good things to eat and drink in order to loosen his tongue, and when I had him primed so that his back teeth were floating the pump was mercilessly applied.

"Let me see, you said your institution was a charity hospital, did you not?"

"Well, we have a charity charter, and most people believe it to be a free institution but it isn't. All the charity we do is involuntary; we sometimes miscalculate and take in a patient who has only a given sum of money. We are under the impression, perhaps, that he will recover in say three weeks, something goes wrong; either an accident happens or a wrong diagnosis may have been made. At any rate, we find ourselves with a patient on our hands who has no money, has been promised a cure and who may be pretty sick. Now it wouldn't be good judgment to fire him immediately, as in many cases they have no place to go and it might give us a certain amount of publicity that would stop the stream of dollars that comes our way. We take care of them a few weeks cheerfully enough, until it is evident we have a losing proposition on our hands, and then the important question is how to get rid of the nuisance quietly.

"Many of these people are 'stickers' and will cheerfully put up with treatment that would make most people 'dig out in a hurry.' We first try to 'con' them into the belief that the fresh air and quiet is all they require to complete the cure and they had better make arrangements to leave the hospital the following day. We offer to notify their friends for them if desired. If this don't work and the ward is full we tell them that a very sick patient, whom we promised their bed to, is coming, and we are very provoked to have to turn them away. Our evident distress influences many to make a great effort to get out and if they are very badly off, we magnanimously hire a carriage for them. We catch a 'tartar' occasionally who provokingly persists in staying until he is well, well knowing we wouldn't dare throw him out and we have to apply science to the problem. The house physician is cajoled into ordering a saline several times a day under one pretext or another, and after a few days any self-respecting human being ought to get out, but they won't and we must fall back upon the old, well tried remedy of a 'light diet' and about two weeks of this will remove the patient all right; either he will take himself out or the undertaker is apt to get him. Sky-blue milk is not very 'filling' and is calculated to break the nerve of a man of iron."

"Can you get a physician to order a 'light diet' in a case of this kind?"

"Can I get a physician to order a light diet? Yes, I believe I could get a physician to order dynamite if I asked him to do so. Not all physicians, however, as many are painfully conscientious, but we usually have an accomodating one on the staff who, if he has any brains, none of us ever discovered the fact."

"Why don't you assume responsibility for this class of cases?"

"Me! I should say not. You don't

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catch your uncle exposing his whiskers to the untempered wind. We take all the money and the medical profession takes all the risks. We are really in the hotel business; we merely rent the rooms out, feed the patients and give them a certain amount of attention."

"If this is the case, where does the charity claim come in?"

"Why it's simple. The charity work is done by the medical staff; we merely furnish them a place to carry on their grand scheme of relieving human suffering."

"So all the money collected for charity is turned over to the medical staff, ah?"

"I should say not. The medical staff is sufficiently compensated for their work by the experience they acquire. The money that is collected is used to make up deficits, pay salaries, buy supplies, and increase the size of the institution."

"So you really don't accommodate any charity patients in your institution?"

"Of course we do; people who live in glass homes must be careful to go to bed only after dark. You see, patients are many times sent us by our patrons, who are under the delusion that we are running a free institution, and while our beds are always full when a patient of this kind applies, it is many times the part of wisdom not to make the patient wait over a week for the bed. Ordinarily a sick person or a serious case can't wait that long and we can express our regrets to our patrons, still we have to take many as a certain class of contributors can't take no for an answer, and we are not killing our goose if we can help it. The church is our worst offender in this way, as the average minister believes he is entitled to about $100 worth of hospital service to each $5 contributed. We have to cater to them more or less as they have the ears of the charitable people and a knock would hurt us immensely.

"As a general rule the patient sent by the church is not sick, but is some broken-down, hysterical church grafter, who for reasons of her own, wants to attract a certain amount of human sympathy, and incidentally have a good boarding house for the winter. These people have to be handled with kid gloves, as there are great possibilities of trouble in them. No one knows what they will find out or what use they will make of the information when they get it. The first few years of my work I had many of them, and I tried the physic, the light diet, and other cures upon them but they were always shrewd enough to get what they wanted from their church friends and it seemed they were likely to defeat me. About this time an idea struck me, and I began to cultivate them and blow them up with hot air and eventually got them inoculated with the idea that they were cut out for a solicitor and that it was their Christian duty to work for the hospital. We would allow them fifty per cent commission upon what they got, and some of our women made several hundred dollars a week. They jump at the chance and we send them out. Of course some make good, but the most of them found it hard work and soon quit."

"Do you mean to tell me that fifty per cent of the money collected for charity don't find its way in these channels?"

"Why we give all of our solicitors fifty per cent and a few of our best ones get a premium over their commissions for bringing in cash. You can't expect to get the brains and talent necessary for this work for nothing; few people can succeed at this work and when we get a good one she can make her own price. It's a profession and requires a close study of human nature to succeed."

"What becomes of the contributions made by 'a friend?' "

"Well, it is too bad that people will

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contribute money in this way to an institution; it puts a premium on dishonesty, but human nature is about the same all around the world. It is exceedingly difficult to audit accounts of this character, as numerous people may send in the same amount under the same name, and if an employee is dishonest, one item in the auditing account could cover a hundred such items."

From the foregoing it is easy to see where these institutions stand today. In other words, they have a charity charter to avoid responsibility and to beg for charity; that the real charity is done only by the medical man, the institution being paid for its share in the work.

It is evident that even the superintendent is doubtful of the philanthropic intentions of the staff and discounts their charity by the statement that they are compensated by their experience.

It begins to look like the medical profession is about bankrupt in intelligence and that a receiver should be appointed with instructions to sell them out bodily to either the church or Mary Baker Eddy.

What are we going to do about it? I can see but one solution. The church must go out of the hotel business. If they desire to run a charitable hospital let them do it, and hire their staff like they hire their lawyers, etc. But to permit the church to go into the medicine business for profit is monstrous and every physician must fight this part of the scheme tooth and nail.

Second: Compel each charitable institution which appeals for funds from the public, to submit their books to a public auditor and see that a complete accounting system is installed.

Third: Let the county medical society bid as a body for the work in this institution and turn the money received into a general public laboratory fund open to all members. Physicians have no business giving their services to public institutions without it being done as a body, otherwise evils are bound to occur and the physician who is outside the combination is sure to suffer from injustice while it will encourage the growths of cliques, who are not always actuated by the best interests of either the public or the profession.

Fourth: If no means are found to change to the ideal system, let a civil service examination be established for the staff, each member to serve for a term of two years and be ineligible to election to the same institution. This will go far to break up the present cliques and will prevent one's name from becoming inseparable from a certain institution.

Fifth: Every physician should do all in his power to destroy the present public confidence in these institutions, and when he has a patient requiring hospital attention, send him to a private hospital controlled and owned by medical men.

The fear of getting "jobbed" is no greater than in the large institutions and generally where a physicians gets the worst of it with a patient he deserves all that is coming to him.

When physicians learn to tell the truth, the whole truth, to their patients, they need not fear any other physician, no matter what his honesty may be, and the very fact that a physician may loose a patient to another one is prima-facia evidence that he has never had their confidence.

The time has now come when physicians must unite to fight for their own. We have been exploited by everybody and everything for years. We must call a halt and stop the business of making great medical and surgical idols in the future. When an individual begins to gain fame and fortune in the medical field he immediately begins to look down upon the very class of men who have built his fame, and is frequently caught in interviews to the public reflecting upon the skill and intelligence of the family physician.

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How much longer is this dromedary of the profession going to stand for his increasing load. Surely, if he doesn't wake up and throw off the whole burden they will break his back, and our present leaders won't do him the honor of even attending his funeral.

This individual is still the backbone of the profession; he outnumbers the specialists five to one and if he would only get a move on him and put his shoulder to the wheel he would have the specialist humbug on the run in one year.

"Will he do it?" It is doubtful. The poor fellow has had his ideals suppressed so long that he has apparently given up thinking for himself or at least is terrorized in such a manner that he is afraid of this intangible something we call "ethics."

It has been evident to all observers for a number of years that we have had two working forms of ethics in our profession; one for the general practitioner, that forbids him to do anything on pain of the God's displeasure, and the other for their quackish leaders, who have succeeded in commanding attention far and wide with their general schemes for the wholesale treatment of consumption, etc., along the lines of the latest medical fad, living out in the fresh air.

No one denies that fresh air is beneficial to people having this disease, but that these cases can be gathered together and treated all alike by the "medical brass band" method every intelligent practitioner knows is "rot," and for many reasons there is a suspicion that even the fellows that are howling the loudest in support of this latest medical fad know its fallacy and that the noise they are making is intended not to help the poor patients, but to call attention to their own important selves.

In Chicago, during this last fall, the clamor of public health advice given the people through the press has been so great and loud that a steam siren would be put to shame, the burden of the advice being to live out in the fresh air, all of which is very good as far as it goes, but no one has told the poor patients where they were going to get this "fresh air." The present conglomeration that we breathe is a mixture of air, coal gas, gasoline and cylinder oil with fine comminuted horse manure. Oh, yes, by all means live out in the air! I can see the undertakers smirk and rub their hands as we got the answer with a vengeance to this medical fakery during the first week in January, when the death rate from dust diseases was the greatest for fifteen years.

The whole history of the treatment of consumption reeks with medical incompetence, just one worthless fad after another, always looking for the something at a distance and not taking advantage of the better things at home.

A story that happened within the family of one of my friends, a young couple with a three year old child, is illustrative. The husband developed acute miliary tuberculosis. He lost thirty pounds in three weeks before he called upon me for an examination, and after I had looked him over I told him frankly that he was incurable and to go home and visit with his family the few remaining weeks he had to be with them. The next day some fool friend took him to see one of our greatest medical fakers (ethical of course), who after giving him an examination, ordered him to get on the train and go to Boulder, Colo., and "you must go tonight."

"Will I stand a show of getting well if I go to this place?"

"Yes! I have seen worse cases get well there."

There was no provision to pay for this trip so that after paying $50 for this profound medical advice he went home to consider matters, and after a family conference, sold his working horse and wagon, pawned his own and wife's jewelry, borrowed what he could from his friends and raised $175 for the health-finding trip.

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He lived just one week after going there and his wife had to borrow money enough to go and claim his body from the undertaker, and after being put to enormous expense for a metallic coffin and complying with the various regulations, she started back with the body. In Iowa the train was derailed and wrecked, injuring the child so it died within a week and causing serious injuries to the mother; a family wiped out, while a medical "forflusher" skinned them out of $50 for alleged scientific advice.

Sometimes when I think of some of these things that have passed like a panorama before my life, my mind reverts back to the old bible text: "What shall it profit a man, if he shall gain the whole world, and lose his own soul?"

(To be continued.)

THE APPLICATION OF CERTAIN PRINCIPLES OF PLASTIC SURGERY IN CLOSING DEFICIENCIES IN EXPOSED CUTANEOUS SURFACES

By Charles C. Miller, M. D., 70 State Street, Chicago, Ill.

(Continued from Page 45 February Recorder)

In this work I shall make no effort to detail all the many plans which can be followed by an operator in approximating various forms of deficiencies, but outline some of the methods of procedure with which all should be acquainted.

In closing defects, such a wide variation exists in the different lesions that innumerable modifications of the many plans described, may be practiced, and the teacher should not burden the student of the subject with set methods so that his individual judgment is hampered and discouraged.

Defects in the tissues should always closed without tension and for this reason the method first outlined of immediate adduction has a decidedly limited scope in comparison to the methods where tissues are freely undermined.

The surgeon should appreciate the proper method of undermining tissues, and when working upon the body in attempting to close a very large defect is less likely to err in the undermining of the tissues than is the surgeon who is undermining to close a comparatively small defect of the face, yet it is even more important that the latter, moreso than the former, undermine properly. Where the fascia beneath the skin is ill defined the dissection should extend through the fatty and areoler tissue and more or less of a layer of these latter tissues must be included in the elevated portions.

The knife may be used in undermining though in many cases scissors are used to a better advantage, and in a much larger percentage of cases it will be best to use a blunt dissector where circumstances permit. The blunt dissector seeks lines of least resistance, and while there is a laceration of the tissues which is not entirely desirable, if proper aseptic and antiseptic precautions are taken the healing is in all respects satisfactory.

Where vessels are torn through by the blunt dissection their closure is more perfect, and as a result much less bleeding occurs than in those cases where the sharp edge of the scalpel is used in elevating the tissues. If possible the undermining is accomplished so as to permit of access to the undermined tissues, and whenever it is possible to gain direct access to an opened vessel, torsion may be used to an advantage in closing it.

Some surgeons never learn to apply torsion properly in closing an open vessel. This is the result of carelessness and haste and every surgeon should practice this method of closing small vessels if he hopes to perform the various operations about the face to the best advantage. The vascularity of the tis-

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sues is such that the operator may be much annoyed and inconvenienced by bleeding from small vessels and it is not practical to apply numerous fine ligatures.

Undermining should always be continued until an easy approximation of the tissues is secured in the absence of particular contra-indications to limit the extent of undermining. It must be remembered that an undermined flap may draw upon and distort a rather distant point, and in some instances it is highly important to prevent even moderate traction upon certain parts. As an illustration of this, attention is called to the face not to inadvertently distort some wounds of the face in such a way as to draw upon the eyelid and produce, subsequently an unsightly and most annoying ectropium. The greatest care should always be taken by the operator in closing a deficiency in the soft parts of the face not to inadvertently distort some portion of the face. The operator should also remember that such distortion may not make itself apparent at the time of the operation, but that a gradual development of such distortion may be expected to manifest itself as the result of moderate constant traction.

The great vascularity of the tissues of the face sometimes proves annoying to the surgeon after he has undermined an area. Where many small vessels are bleeding the hemorrhage may be of such a nature as not to permit of its control by the securing of individual vessels. In such a case as this the operator finds that he can control the bleeding by packing with strips of gauze saturated in a one to seven thousand solution of the active principle of the suprarenal gland. This solution controls the bleeding temporarily by contracting the vessels and the parts may be closed and moderate pressure applied to prevent secondary hemorrhage after the effect of the suprarenal solution his disappeared. It is well to pass a suture for closing one angle of the wound when the suprarenal solution has been used and to leave it untied for several hours so that if blood accumulates beneath the skin it may be gently washed out with a warm sterile solution. It is well to be somewhat careful in the use of the suprarenal solutions, and to use as I have recommended, the weaker solutions of this drug so that too much contraction is not secured, as the nutrition of the tissues may be endangered where a one to one thousand solution is used.

In suturing the tissues of the face after undermining it is not highly important as to the suture material used or as to the manner of suturing. The flaps should fall together without resistance and as they are held without tension, the sutures merely immobilize. A subcutaneous catgut suture can be used. Then the operator is certain there will be no stitch marks to mar the result, but it is rather difficult to secure a perfect approximation in some cases with a subcutaneous gut suture and there is always a danger of the fine gut giving way too soon and allowing separation of the wound margins. A continuous silk, horse-hair or very fine silk worm gut suture permits of a very close approximation of the skin, and where carefully placed so that there is no tension very little likelihood exists of noticeable stitch marks subsequently. A silk worm gut stitch which has been described as the herring bone stitch may be used for approximating the parts and carefully applied the approximation is excellent. This stitch is buried and is removed when the parts have firmly united.

After the parts are carefully sutured adhesive strips may be used to insure approximation of the superficial parts without tension upon the skin.

Where a deficiency has been closed about the cheeks or jaw adhesive strips alone should not be trusted for immobilization, but a bandage should be applied to further insure this. The pa-

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FIGURE 1

Figure 1. Illustrating triangular defect and undermining in one direction and displacement of tissues undermined to approximate deficiency.

FIGURE 2

Figure 2. Defect closed by traction with tenaculum.

FIGURE 3

Figure 3. Triangular defect in lower lip.

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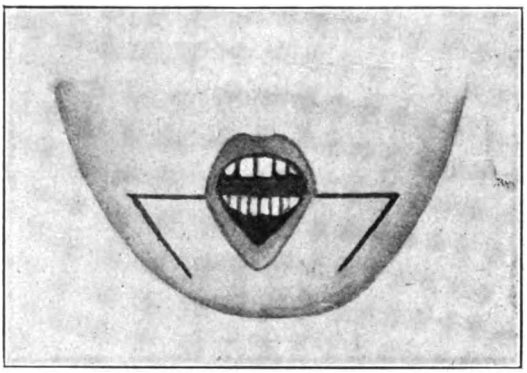

FIGURE 4

Figure 4. Manner of loosening from either side so as to secure approximation. The margins of the deficiency are prepared first by denudation.

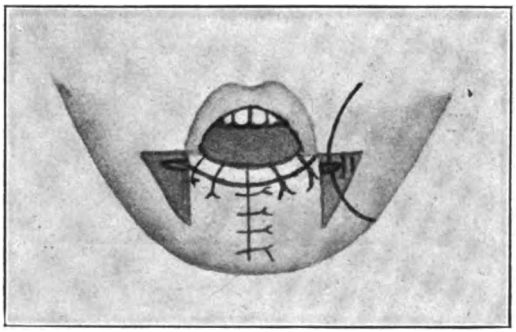

FIGURE 5

Figure 5. Displacement of tissues to approximate deficiency. Closure leaving small triangular defects which may be closed by further undermining.

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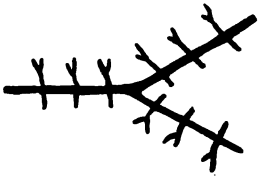

FIGURE 6

Figure 6. Illustrating manner of closing triangle so that lines of scarring resemble letter Y.

FIGURE 7

Figure 7. Manner of extending incisions for purpose of closing lozenge.

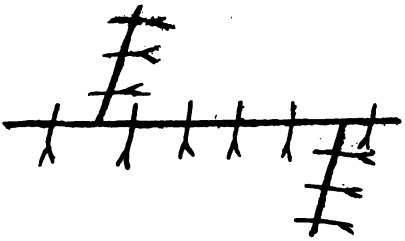

FIGURE 8

Figure 8. The tissues are closed so that the lozenge-shaped defect is closed, leaving lines of scarring as illustrated.

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tient should not be permitted to talk freely and restrictions should be made as to the character of the food so that a minimal working of the jaws and muscles of the face will occur. These precautions seem chimerical, but an experience has taught me to regret any liberties to the patient who has submitted to an operation in which a portion of the face is involved which is likely to be disturbed by muscular action.

One of the simplest plans of closing a defect is illustrated in the closure of the triangular defect, by undermining from one side alone. The undermining is accomplished after extending the incision along parallel to the base line of the triangle, and then the parts are drawn together so that the subsequent scar will be represented somewhat as the letter V with an elongation of one half the figure.

The incision for facilitating the sliding of the undermined flap may be made in a curved direction rather than straight, if by so doing the scar will be less noticeable or more favorably situated.

In the illustrations accompanying the preceding descriptions the operator finds it necessary to lengthen the lines of incision to permit of sliding of the tissues in one direction to any considerable extent. In the work about the face it is highly important a minimal amount of scarring occur, and it is preferable to adopt means as much as possible which permit of approximation without extending the incisions in various directions.

The triangular deficiency can be closed by undermining for a distance in all directions and then the parts may be approximated as has been previously described so that a scar much the shape of the letter Y is left after the operation.

Burrow has suggested a number of ingenious plans of closing defects, but they have the disadvantage of increasing the lines of scarring and can on this account, as a rule, be used to advantage by the surgeon operating upon the neck where the increased scarring is hidden by the clothing. The free undermining of the present day permits of the closing of deficiencies of the face without adopting the plans outlined by Burrow.

The lozenge shaped defect is closed by a rather ingenious method which may be adopted in a modified form in closing a defect about the face or neck. The tissues are undermined and then from opposite angles of the figure the tissues are divided in a straight line. The undermined tissues above this line are drawn toward one side of the deficiency and the tissues on the opposite side below this line are in the same manner drawn toward the opposite side of the defect so that halves of the lozenge are closed much as we would close two triangular defects by sliding the tissues in one direction.

(To be continued.)

ARSENIC THERAPY AND ITS CHEMICAL ACTION WHEN BROUGHT IN CONTACT WITH LIVING TISSUE

By C. W. Canan, M. D., B. S., Orkney Springs, Virginia.

It certainly looks like folly to discuss the therapy of a drug of such ancient origin as the one we have selected, and especially at this age when the medical profession is almost overwhelmed with a multitude of new remedies, all of which are said to out-rival any that have preceded them in therapeutic virtue. Nevertheless, if the writings of ancient as well as modern authors are consulted relative to information as to the physiological and therapeutic actions of this drug and its compounds, the result is far from being satisfactory. Many writers satisfy themselves by saying that it is an "alterative," as if being able to place it in the proper group of remedies would practically

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settle the necessity for further discussion or investigation. If we accept the above, then we turn for a logical explanation of what an "alterative" is, and its mode of action upon the system in health and disease. We find that this explanation is as much of an uncertainty now as it was a century hence. Therefore the knowledge of arsenic therapy is so strikingly unsatisfactory it becomes the duty of every investigator to put forth his best efforts toward clearing away the uncertain clouds that over-shadow some of our ablest and best remedies.

To understand any remedy and its workings, we should first acquaint ourselves with its chemical composition.

The substance properly called "arsenic" is commonly classed among the metals, but the so-called "arsenic" or white arsenic used in medicine is really the tri-oxide of the elementary metal: (A_2 O_3). The oxide of arsenic, also known as arsenious acid, or some of its salts, is what is usually given in arsenical therapy. The predominant feature of the action of arsenical preparations is intense irritation. Locally applied in fairly concentrated form to a denuded surface the irritation is so severe as to excite the extreme of reaction, namely gangrenous inflammation; the parts slough, strangulated by congestion and inflammation. From these facts we see that arsenic is thus indirectly, and because indirectly, slowly, painfully and dangerously caustic. Applied for caustic purposes there is danger of absorption of enough of the remedy to produce constitutional poisoning; this risk increases when the application is applied weak, because the stronger ones produce a rapid congestion, thereby preventing absorption to a certain degree. When this drug is applied for its caustic properties it should be combined with some agent as powerful as possible to allay pain. The local action of this remedy is brought about largely by chemical reaction, developed between the arsenious acid and the alkali compounds found in the tissues and fluids with which it comes in contact. In the dry state it does not act readily through the unbroken skin, but must come in direct contact with the soft and deeper structures. By these chemical actions heat is evolved and the acid is more or less rapidly changed into an arsenite; in other words, it becomes a saline, compound of soda or other basic substances with which it comes in contact. This form of an arsenite is easily taken up by the circulation and is thus carried to every portion of the system where it acts as a common irritant to the whole animal structure. These chemical changes are effected at the expense of the tissues to which the arsenious acid has been applied. All pathologists know that inflammatory tissue contains proportionately more water, carbonates, and phosphates in their composition than the normal histological tissues. Again, all pathological structures are intrinsically of lower vitality and poorer nutrimental condition than the original tissues from which they took their origin. These two facts explain the more rapid dissolving action of the arsenic on the abnormal growths than on the surrounding healthy structure.

There is a common law belonging to all animal economy and that is to rebel at the introduction of any foreign element into its composition. When the arsenious acid is brought into contact with the tissues, the nerves, through their reflex function, carry the impulse to the central nervous system by which an increased flow of blood is called to the parts affected, loaded with nutritive pabulum. The sound tissue being able to use this material, soon throws out a wall of protection around the diseased zone, while the destructive chemical action of the arsenic is confined almost exclusively to the abnormal and unsound growth. When this drug is introduced into the stomach, like all the other mineral acids, it must be converted into a neutral or alkaline salt before it

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can be safely absorbed into the circulation and carried throughout the animal body. When a large quantity of arsenic is introduced into the stomach an intense chemical change is produced by its presence and great destruction of the mucosa follows with irritation of the whole intestinal tract. In arsenical poisoning this gastro-intestinal irritation constitutes the most prominent feature of the derangement. The presence of water and alkaline compounds contained in the alimentary canal, being confined in contact with the arsenic, is unquestionably a large factor in exciting the rapid chemical mutation and the destruction of tissue so frequently witnessed in acute arsenical poisoning. When taken dry comparatively little irritation is produced, but let a quantity of water be drank, or be met by the drug on its way through the alimentary canal, and the irritation resulting from the rapid chemical change is intense. This action may be so violent in some instances to destroy the walls of stomach or bowel at some points.

In arsenical poisoning nervous symptoms are prominent. As a result of nature's heroic efforts to limit the destructive action of these chemical processes the nervous system becomes overtaxed and no longer responds to stimulants of any kind—a condition known as shock, followed by collapse and death. A very peculiar thing occurs in the administration of arsenic. When small doses are given the percentage of arsenites formed is much greater than when large doses are ingested. These arsenites are quickly absorbed and rapidly diffused throughout the system. When this stage is reached the so-called constitutional effects of arsenic are produced.

There is a common law applicable to all organic substances and when the arsenites are once within the system they obey this law; that is, they are not chemically decomposed, but simply act by mechanical irritation. The molecular elements which constitute the arsenites are intensely irritating and poisonous to all forms of protoplasmic life, both animal and vegetable. The arsenites ingested will be rapidly absorbed and carried by the entero-hepatic circulation to the liver. The protoplasmic masses contained by the hepatic cells undergo a high state of stimulation in their attempt to protect the system from further invasion of the drug. In this undertaking the hepatic cells may be successful, if the amount absorbed is not too large, by throwing off the arsenite with the bile which they are excreting. In this way they protect the system at large from the irritating effect of the drug. In performing this work the liver cells are damaged to a certain extent. If large quantities of arsenic acid are taken or if the drug is continuously administered the eliminating power of the hepatic cells become weakened and overtaxed and are no longer able to prevent the entrance of the arsenite into the system. The longer the drug is administered the greater the strain on these excretory cells and the sooner they are likely to undergo retrograde metamorphosis. This change may continue until an absolute fatty degeneration of the protoplasmic mass is the result. Whenever enough arsenites have been ingested to produce damages so grave as these the functional activity of the liver is retarded, suspended or may be absolutely destroyed Nutrition and assimilation deteriorate in direct proportion to the damage done to the liver. Then follows impairment of all the glandular organs and cellular tissue of the body. The kidneys soon give evidence of the strain and fail to eliminate from the system the effete material that is now accumulating on every side, the result of the increased mal-assimilation and poisonous effects of the arsenic compounds upon all forms of protoplasmic life. The rapid reduction in the nutritive activity of the general system and the increased strain thrown upon the kidneys in excreting all the by-products of the abnormal proteid waste, causes them

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to undergo a speedy dissolution as well as that of the liver. When the epithelial cells lining the uriniferous tubules of the kidneys undergo a rapid metamorphatic degeneration, uremic symptoms begin to develop. When the amount of arsenious acid taken has not been too large and the damage done to the glandular structures has not been too great the individual may survive the primary shock, but if the ingestion of the drug is continued, the uremic or toxic symptoms increase in severity and death is the result.

The spleen, like the rest of the glandular system, undergoes grave structural changes and the manufacture of blood cells are greatly retarded. The reader must not suppose, from this paper, that we condemn the use of arsenious acid or arsenites as a therapeutical agent. Far from it; but we do desire to show that he who prescribes this agent should be fully acquainted with its therapy, and that he is giving a drug that is capable of relieving many chronic conditions, or producing grave acute conditions that will destroy life in proportion to the amount given and the length of time continued. The paper to follow will treat arsenious acid and its compounds as therapeutic agents, and will give in detail the utilization of this drug that the very best results may be obtained.

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In his retiring president's address before the New York Academy of Medicine, Dr. Charles L. Dana expresses the judgment that "to a very large extent clinical or descriptive medicine and gross pathology are a finished story." The statement strongly appeals to reason. But, howsoever that may be, certainly therapy is not a closed story. Here may a man toil and think a lifetime, sustained and encouraged in every perplexity by the consciousness that his labor will not be in vain. He who gives to a noble craft a new or an improved tool is a benefactor of his race.—W. B. Konkle, M. D., in Medical Record.

ADENOID VEGETATIONS

By Rush R. Gingles, A. M., M. D., Seattle, Washington.

This is a condition met with very frequently by the physician be he specialist or general practitioner, and is of vital importance to the young sufferer. I say young, but this is a condition by no means confined to the child, for it is the cause of much discomfort and is many times so long neglected as to result in damage that is beyond repair. This mass of lymphoid tissue in the vault of the pharynx, like its associates in trouble, the faucial tonsils, becomes hypertrophied some times to such an extent as to almost completely fill the vault. On the other hand it may not be greatly enlarged and yet by its reflex disturbance make serious trouble in the way of asthmatic breathing, enuresis, disturbed sleep, etc. The faucial tonsils are involved in about one third of these adenoid cases according to Holt. The condition may be congenital, but is usually first noticed when the child is from one and a half to three years of age. The trouble is apt to increase with the age of the child up to six or seven years, then may be stationary until puberty, at which time there is a tendency to atrophy.

The symptoms are as a rule well marked and call attention of the parents. They are better in summer and worse in winter. There is chronic catarrh, obstructed breathing, probably worse at night, deafness, anemia, and reflex disturbance as already mentioned. The child is unable to blow the nose, is dull, listless and has a peculiar expression common to these cases.

Diagnosis is not as a rule difficult except where there is slight hypertrophy. The nasal catarrh, deafness, mouth breathing, restless sleep, high arched palate, broad nose combine to make a picture which is not likely to be overlooked even by the casual observer.

Treatment. The disappearance of

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adenoid growths by absorption is highly improbable, but a change to a warm, dry climate together with proper care and treatment may hold the trouble in abeyance until puberty, and then a certain amount of atrophy takes place and the increase of space in the vault which comes at this time makes the patient comparatively comfortable and free from active symptoms. But if the growth is at all large there is apt to be serious damage done by this time, and it is my own experience that the trouble produced is often out of all proportion to the size of the growth, and that proper removal of this small growth will make a wonderful change in the child although you may not have much to show in the way of a specimen. When there is no contraindication and the symptoms are plain a thorough removal of the growth will save the child much annoyance and often serious trouble. A general anesthetic should be administered, a good mouth gag introduced, and under a good light (I prefer that reflected from a head mirror) the vault is thoroughly curetted. The Gruber curette aids in preventing detached tissue dropping into the larynx or being swallowed. If the faucial tonsils are diseased they should be removed at the same sitting, preferably just before curetting. Often they are imbedded and difficult to remove save by some good tonsil punch. The child should be kept quiet in bed and given a liquid diet for twenty-four hours. Very little after-treatment is required except for an alkaline antiseptic spray to wash away blood clots and retained nasal mucus. Hemorrhage as a rule subsides quickly but may occasionally be a serious matter. I have never seen a fatal result either from this source or chloroform anesthesia, although these patients take chloroform badly by reason of bad breathing and this status lymphaticus. Ether is no doubt the safer anesthetic, barring complications. If hemorrhage is severe and is not controlled by injecting through the nostrils into rhino-pharynx, hydrogen peroxide or suprarenal extract it may be necessary to plug the posterior nares, although otitis is much more likely to follow if this be necessary.

DISCRIMINATIVE THERAPEUTICS

By James Burke, M. D., Manitowoc, Wisconsin.

The human body not only utilizes the freshly digested food, but also the waste elements resulting from regeneration and growth is reverted and synthetized to supply the needs of the normal human being. In health, this reconstructed waste stimulates all the excretory organs; unless the waste is properly built up into normal excretory incitants, these substances remain in the blood and tissues until conditions are brought about which favor the normal disposition of waste matter.

The immunizing power of the body is also at the helm in balancing the perpetuation of relatively good health.

With right conditions of digestion with the finishing touches given to the protein, in the walls of the intestines, the pabulum finds ready access to the general circulation, through the lymphatics, and through natural physiologic endosmosis, through the normal affinities existing between the blood and the finished protein of digestion.

As soon as the digestion of a meal has fairly begun, a surplus of the seventy per cent scavenger leucocytes appears and being in their own normal way to take up certain portions of the food and convert them into living granulations, which are readily transmitted into normal human tissue.

In diseases of relative severity, these scavengers repeat the act in destroying, reverting and synthesizing the bacteria, and disturbing toxins circulating in the blood; in the battle of the leucocytes

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with the bacteria, a certain portion of both is sacrificed, and if the former prevail the nuclein, resulting from the disintegration of their nuclei supplies to the blood volume a surplus of that valuable antiseptic.

The adrenals according to Sajous' demonstrations, furnish ninety-four per cent of the hemoglobin; and, besides, adrenoxidase is the active principle of life, energizing every cell in the body; and without the normal functioning of the adrenals the general cellular system would indeed be at the mercy of early retrograde changes. The thyroid gland furnishes the opsonins which, together with the nucleinic content of the blood, and with a fair supply of trypsin from the pancreas, to the scavenger leucocytes, form the battle array of autoantitoxin; the latter is not essentially different from the popular therapeutic article; only, that horse serum is too foreign in the chemico-biologic status to harmonize with the higher grade tissues of the human animal. It is coming out lately that diphtheria antitoxin, used to arouse leucocytosis in the treatment of asthma and other anomalous uses for this agent, caused several sudden deaths.

The recent eliminations and concentrations in the manufacture of diphtheria antitoxin mean that all is not well.

Hypodermic injections of twenty-five minims of nuclein in diphtheria or any other grave bacterial infection, once a day, is a safe and reliable way of exciting a rush army of the scavenger leucocytes; the toxins in the infected person must be neutralized by giving small, frequently repeated doses of the vegetable alkaloids or other available active medicinal principles, and thus assist the leucocytes in the disposal of the toxins. In all infections the defending leucocytes should be aided by the vegetable principles chemico-biologically affinitive for the dominant, disturbing toxins.

There are two effects from the use of these principles in disease—the therapeutic and the poisonous. The former is known when the symptoms for which the principle was given to dispel, disappear; the latter when the active principle is given out of proportion to the affinitive cognate toxin to be neutralized, manifesting an added symptom complex from the surplus of the therapeutic principle chemically attacking the tissues, in its role of becoming a benevolent excretory entity. In severe infections the immunizing power of the body is very much assisted by the proper use of the right vegetable active principles.

MEDICAL TREATMENT OF DISEASES OF WOMEN

By John Albert Burnett, M. D., Auburn, Arkansas.

Polymnia uvedalia is of value in uterine subinvolution, chronic metritis with hypertrophy, and hypertrophy of the cervix uteri. Dose, two to ten drops of the fluid extract every four to six hours. As much as twenty drops can be given in some cases.

Polygonum acts specifically upon the female generative organs. It has a tendency to regulate the menstrual function in either plethoric states and in debility. This is one of the best remedies for suppressed menses caused by cold and is said to relieve hystero-epilepsy brought on by menstrual suppression.

Tiger lily has a direct action upon the reproductive organs of women. It is well adapted to chronic and inflammatory affections of the uterus, ovaries and vagina. It is of value in uterine prolapsus and neuralgia of the uterus and ovaries.

Humulus is of value for undue sexual desire in women and will do less harm than potassium bromide which is the remedy generally used for this condition by most physicians.

Salix nigra is a sedative to the female

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reproductive organs. It is said that no other remedy will equal it for undue sexual excitement, due largely to sexual hyperesthesia.

Dioscorea is a valuable antispasmodic in most all pelvic pains, but is likely not equal to hyoscyamus.

Phytolacca has been highly recommended for sterility on account of it being a noted glandular remedy, but it is no doubt inferior to helonias for such purposes.

Pulsatilla is a remedy for nervousness of women when there are diseases of the reproductive organs. It is used when there is mental derangement such as fear of impending danger, etc. The dose should be small and frequently repeated, ten drops to half a drachm of the fluid extract being added to four ounces of water and a teaspoonful of the dilution given every two to four hours.

Cinnamon acts upon the nervous system and is valuable in hemorrhage. It has given good results in menorrhagia.

Apocynum cannabinum is a very important remedy when the uterus is full and relaxed with watery menstrual flow or watery leucorrhoea. During pregnancy it is one of the best remedies if there is albumen in the urine or a dropsical condition of the feet, etc.

Caulophyllum is used in chronic uterine diseases when there is irritation and uneasiness. It increases the circulation in the pelvic organs and is used by some during pregnancy in order to produce an easy labor.

Cimicifuga has a very similar action to caulophyllum. It is more adapted to acute cases in place of chronic as the case with caulophyllum. Cimicifuga, like caulophyllum, is used by some to produce an easy labor and it is claimed to be very beneficial for this purpose.

Damiana is said to be beneficial in cases of undeveloped breasts. It deserves a trial with saw palmetto in infantile uteri and other undeveloped conditions of the female organs at puberty.

Mistletoe is a very important uterine remedy. It is very useful in obstetrical practice and in nervous conditions of women, and is a good emmenagogue. It deserves a thorough trial for menstrual epilepsy as it has some reputation in the ordinary forms of epilepsy.

Verbena hastata is another remedy that deserves a thorough trial in menstrual epilepsy as it has gained quite a reputation in some forms of epilepsy and is a very good emmenagogue.

Hydrastis is of value in uterine hemorrhages when the flow is of a passive character and the patient of the asthenic type.

Ignatia is useful in dysmenorrhoea with colicky pains and heavy womb, wandering pelvic pains, nervous depression, general nervous atomy and disposition to grieve.

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After all, disappointment as to the efficacy of drugs will be due not so much or not so frequently to their impotence as to our shortcomings of knowledge with reference to the indications for their employment. The warrant for the use of a medicine must rest in the conditions of the case in hand—as we understand the nature and features of disease more clearly and completely, the more unerringly we apply our remedies thereto. One would not be expected to display great accuracy of aim without a commanding view of the mark. So therapeutics must constantly follow in the wake of pathology. Disregard for this order of relationship would imply confusion of the logic of science with the caprice of hazard. In all reason, ignorance as to the cure of disease will maintain a fairly constant ratio of equality toward the ignorance existing relative to disease itself.—W. B. Konkle, M. D., in Medical Record.

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One can neither protect nor arm himself against criticism. We must meet it defiantly and thus gradually please it.—Goethe.

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DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

MAVERICKS

Rounded up by William F. Waugh, M. D., Chicago, Ill.

Instead of kicking and grumbling and sneering at medicine, let us be up and doing, and look forward with hope and confidence.—Critic and Guide.

I believe, honestly, that three-fourths of the so-called malaria in the southern country is autointoxication.—Barlow, Journal of the Arkansas Medical Society.

The Medical Record tells us that the enrollment of the American medical students in the German universities has fallen to the lowest point on record. What is the matter?

If dilatation is absent and the heart's function is preserved, no good results from digitalis. If the heart is of normal size, dropsy is not of cardiac origin. —MacKenzie, Lancet.

In Ellingwood's Therapeutist, S. J. Smith says that ammonium chloride as a local remedy in rhus poisoning excels all others. One or two drams in a pint of water, applied freely.

In the Lancet is described a remarkable case of diphtheria of the skin, which after three years' duration yielded to twenty days' inoculation with Burroughs & Welcome's antitoxin.

Maurer says that quinine not only increases uterine contractions during labor, but it sometimes sets them going; further, that it does not have any injurious effect upon either mother or child.—Medical Times and Hospital Gazette.

Walker, in a study of the life-history of leucocytes, concludes that leucocytes passing out of co-ordination with the same, live as parasites upon the parent organism, in themselves possessing a complete life cycle. He concludes that certain phenomena described constitute a process of fertilization, involving the union of two leucocytes as to their nuclei.—Lancet.

The burning mystery of existence at times merges us into a mere link of an endless chain, which moves mechanically in the monotonous round. Who has not lighted his torch and placed it on a mountain top, while he peered among the shadows to see what was beyond the range of human ken, only to sink deeper into despair at the unanswering stillness of beyond?—Dietetic Gazette.

Pneumonia. I believe one is right in calling it pneumonia in the state of congestion, as much so as he would be later. This view is in opposition to the argument advanced by a recent writer, who claimed that pneumonia could not be called such, until it had run through the three stages and presented a clear clinical picture. He is a book man and does not speak from actual bedside practice.—Rankin, Medical Era.

Pneumonia. A recent writer advocates salicylic acid as a specific for pneumonia. He empties the bowels with a cathartic, gives a little ammonium carbonate and ipecac for reasons not stated, and administers seven grains of salicylic acid, t. d. s., until the temperature is lower. This reaches normal on the fourth or fifth day, at which time cardiac weakness is apt to appear. He then adds digitalis, strychnine and caffeine to the mixture.

The Pacific Pharmacist says that large numbers of cattle in Colorado are dying

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from the effects of the larkspur, upon which they have been feeding. So far has the matter gone that the state veterinarian has advised the removal of the cattle to other fields until the plant ceases flowering. The variety is probably delphinium consolida, and the active principle is delphinine. The poison is most dangerous in early spring becoming weaker as flowering approaches.

See in the Medical Record, an excellent paper by John W. Wainwright, giving examples of chemical synthesis as applied in the production of remedial agents. An attentive perusal of this paper will serve to dissipate many of the prejudices against the synthetics; prejudice which is unfounded and which is unfounded and which ought to be dissipated. The production of these remedies is one of the greatest triumphs of modern chemistry, and the wholesale condemnation of them as "coal tar products" is to be reprobated.

"The modern nurse,
Is too often a curse.
She'll slander disperse,
She will empty your purse;
Ten-to-one you'll get worse,
If you don't need a hearse.
Some say 'tis not true,
But the nurses are few
Who will honestly do
All their duty to you;
And if folks only knew
How unfeeling they grew,
There be less fulsome flattery lost on that crew." —Med. Times & Hospital Gazette.

In the Western Medical Review, Thos. H. Long reports cases of eclampsia following labor. While this is of rare occurrence, it is well to remember that it does occur occasionally. There were no premonitory symptoms. Sixty hours after the birth of the children (they were twins) the mother was seized with the first convulsion. The woman had six children previously, without such manifestations. The circulation was controlled by veratrine and heroic doses of morphine hypodermically, and after eight convulsions the woman recovered. Chloroform was also administered at intervals of five hours. The urine was heavily loaded with albumin, although three weeks before the confinement it had been examined and found to be normal. The albumin did not persist after the day of the convulsions. Recovery was complete. This is an exceedingly interesting case.

THE SUCCESSFUL TREATMENT OF CANCER BY MEDICINE

Having had nearly forty years' experience in the treatment of cancer in all its forms, by medicine, I feel confident that I can present some facts gleaned from my practice that will be of interest to the profession. I honestly believe from the correspondence I have had with physicians all over the country, that the great mass of the profession are opposed to a surgical operation as a cure for cancer. We have abundant statistics to prove that an operation not only does not cure cancer but actually hastens the death of the victim. Electricity, in its various forms, has had its advocates, yet the results from its use have not been very encouraging. Very much was expected from the X-ray when it was first introduced to the profession. Within the past four years I have seen two hundred cases of cancer where the X-ray has been used and proved a failure. Physicians in all parts of the world have been hunting for a cure for cancer. As a result about one hundred different remedies have been lauded as a cure for this disease; each one has had its day and become obsolete. Allow me to say that there is no one remedy or combination of remedies that will ever be found to cure cancer, for the simple reason that

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cancer in different parts of the human body has a different anatomical structure. It follows from this that a remedy that will cure cancer of the stomach will not cure a cancer of the liver—remedies that will cure cancer of the breast will not have any effect upon cancer of the rectum. Thus it seems that in order to treat cancer intelligently and successfully we must be able to adapt our remedies to the diseased condition that we find in any part of the body. A surgical operation will never permanently cure cancer for the simple reason that the surgeon can only cut out what is seen and felt under the knife; he cannot touch the millions of cancer germs that grow and multiply in the blood, the nuclei for other cancers. The treatment of cancer is a specialty the same as gynecology or the eye and ear, and a doctor who intends to make a business of it must prepare himself for it the same as he would for any special work. About one half of the profession do not know how to diagnose cancer when they see it. Therefore, the first thing to do is to learn the diagnosis of cancer. A doctor, to succeed in this specialty, must be an all around good practitioner, one well posted in the diagnosis and treatment of all chronic diseases, for it is seldom that he will get an uncomplicated case of cancer to treat. The exciting cause of cancer of the breast may be some uterine disease. If there is any form of indigestion present all medicine will fail to help your patient until the digestive organs are in a healthy condition. The patient must eat good, nourishing food and be able to digest it and assimilate it properly; this with good, pure air, good, pure water, helps to make good rich blood. This is the very foundation of a successful treatment of cancer, and no matter how desperate the case, it will give the patient at least a fighting chance. Another important point is to raise the "nerve power" of the patient, toning up the system. For this there is no better remedy than strychnia. For myself I like strychnine sulphate, 1-40 grain in form of granules, one granule four times a day. The bowels must be kept regular, every day; the heart and kidneys should be examined and any complications arising must be attended to.

Some physicians claim to cure all cases of cancer with a plaster of some kind of caustic. This is pure quackery, as well as saying that an "eye wash" will cure all diseases of the eye, or a "cough syrup" cure all diseases of the lungs. The writer of this article treated his first case of cancer in 1869, and he treated it as a blood or constitutional disease, and many years of actual experience with cancer in all its forms have only confirmed him in that belief. Is it possible, then, to cure cancer by any remedies? I would say yes, but I have no specific cure for the disease put up in pill or liquid form to cure all forms of cancer, for that would be quackery of the very worst form. What I do claim is that I have learned by actual clinical experience that there are certain remedies that do have a positive remedial action upon cancer in some of its varied forms. It has been claimed by some that cures of cancer are not permanent; that the disease returns in a few months. From my own experience I have a record of cases of cancer I treated from fifteen to twenty-four years ago and there has been no return of the disease. It is claimed by some that if a case of cancer is cured it is a mistake in diagnosis. In reply to this I would say that the most of the cases I have treated were diagnosed as cancer before I ever saw them. Some of them came to me from professors in the medical colleges and hospitals of Philadelphia and New York. Many of them had been examined by the X-ray, and therefore we may be reasonably sure that it was genuine cancer. The treatment of cancer, locally, by caustic plaster, is a crude method and a relic of the

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dead past. In ten years from now any doctor who claims to cure cancer by local means with caustics will be a back number. The doctor of the future will depend upon internal remedies. Personally I do not place so much dependence on the use of caustics as I did ten and twenty years ago, for I have learned to depend more and more upon internal and mild local remedies. I meet with new forms or new phases of cancer from month to month, and am doing better work than ten years ago, and expect to do better work ten years from now. This is not the field for a lazy man, but for a worker—one who is willing to learn and is ambitious to do things. To such men this specialty offers a splendid field of usefulness. Dr. Fell, of London, treated cancer by a plaster of chloride zinc and blood root. Dr. Marsden, of London, later on used a plaster of arsenic and mucilage acacia. He published a book with a record of his success. Still later Dr. Thomas W. Cooke, Surgeon to Cancer Hospital, London, who from his long years of experience became convinced that a surgical operation was not a cure for cancer, published a book on cancer, and was the first physician of the regular school to advocate constitutional means as a cure for cancer. He was at least trying to cure cancer, and did cure many cases.

Dr. Skelton, of Birmingham, in 1865 published a book on practice, and in it gave his treatment of cancer as a blood disease. In 1888, Dr. J. Compton Burnett, of London, published his book on "Tumors of the Breast," giving his treatment by internal remedies alone with reports of cases and a mass of reliable evidence that it is possible to cure cancer of the breast by internal remedies alone. Among the caustics that have been used locally in the treatment of cancer, arsenic has been used to some extent, but it is too painful and only a small surface of the cancer can be treated by it for fear of absorption of the poison. I have never used it in my practice. The caustic potash is also very painful and is seldom used. The solid extracts of blood root, poke root, red clover and sheep sorrel have been used to some extent, but they do not go deep enough. A twenty-five per cent solution of carbolic acid has been used in some of the cancer plasters but it is painful and always leaves a scar after the sore heals up. Chromic acid, chloride zinc and chloride chromium have been used by many in the local treatment of cancer; the latter is the least painful of all but does not go deep enough. The chloride zinc will go deeper in the diseased mass than any other caustic.

For internal treatment some form of sarsaparilla has been used, but it is worthless in cancer. The reader must remember that cancer is a specific disease, peculiar to itself and is not at all effected by ordinary alteratives. Iron has been used but it has no influence upon the growth of the cancer. Arsenic is only of use in the form of iodide arsenic in cancer of the lip. Chelidonium, while it may remove the sallowness from the skin and is an excellent liver medicine, does not affect the growth of the cancer. Condurango has had its day; it was used extensively in the hospitals of America and Germany in cancer of the stomach and proved a failure as a cure. It is only valuable in cancer of the breast with sores around the mouth and a crack in the corner of the mouth. Methylene blue has no effect to check the growth of a cancer and became obsolete many years ago. Resorcin, while it helps to kill the smell of a cancer, does not check its growth at all. Radium, like X-ray, has proved a dismal failure, as will any form of purely local treatment. I have studied all the works on cancer in America and Europe; I have tested all the much vaunted cures for cancer. I have also studied over carefully the materia medica of all schools of medicine to find

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a remedy that has a positive remedial effect upon cancer. I was hunting for the truth, no matter where I might find it. Of the remedies that do act upon cancer, lime is the first and the carb. lime or the flouride lime is the best form to give it in. The chloride potassium is good for soft tumors of the breast. Of the vegetable remedies the phytolacca decandra stands first at the head of the list, but it must be a fluid extract or tincture of the green root.

Were I confined to one remedy in cancer it would be phytolacca. Hydrastis comes second for those painful cases of breast cancer. Thuja comes third and is always indicated in cases following vaccination. The baptisia tinctoria (wild indigo) comes fourth and is the remedy in the last stages of cancer, when the system seems to be saturated with the germs of cancer. In cases complicated by suspected syphilis the corydalis (turkey corn) is the remedy to use. Red clover has no effect upon the growth of cancer, but berberis aquifolium and stillingia do have a remedial effect upon cancer. It will be impossible to go into details and give a definite treatment for each form of cancer; space will not permit it—it would fill a book. I am of the opinion that ninety-five per cent of cases of cancer can be cured by medicine if taken before any operation, and the use of plasters or the X-ray. From a record that I have kept for the past twenty years I have cured eighty per cent of my cases of cancer. The reader must remember that this includes internal and external cancer, and cases that have been operated on from one to eight times; also cases where the X-ray has been used, and caustic plasters. I trust that this article will create an interest in the medical treatment of cancer; that we may learn to treat it intelligently and successfully. We do not expect to cure all our cases of diphtheria, typhoid or pneumonia, neither do we expect to cure all cases of cancer for in some cases the ravages of the cancer has been so extensive and the vitality of the patient is so low that the system will not respond to our remedies and death claims our patient. At least let us be honest with our patients, and if we can't help them, tell them so; then we have done our duty to them and ourselves.

ELI G. JONES, M. D.
New Brunswick, N. J.

CHICAGO NIGHT SCHOOLS OF MEDICINE

We were delighted to read Dr. Waugh's kind words in the December Medical Recorder relative to those sublime expressions of arrogance—"The Night Medical Schools."

Though the good doctor has little to say commending such institutions, he does not ruthlessly condemn them, as is so commonly done by many self-appointed censors of things medical.

That it is possible for a night medical college to do poor work, as is so frequently found in the day schools, goes without comment. The doctor, however, is eminently fair when he says: "It makes little difference whether a man gets his education at a day school or a night school, so long as he gets it, and so long as it is of the right kind." John Hunter, the greatest comparative anatomist who ever lived, did his work in a wood shed. Thomas H. Huxley, the greatest biological genius and philosopher the world ever produced, obtained his morphological training in a ship cabin 6x6x5.

We must, however, dissent from the doctor's remark that The Reliance Medical College wishes the annihilation of its sister institutions. We determined upon the organization of this institution only after repeated attempts to bring the colleges with which we were at various times connected, up to modern ideals in medical education.

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We think that any institution, day or night, that gives practically none of the essential laboratory courses, and whose clinical facilities and hospital connections are largely a matter of catalogue and schedule, has no excuse for existing. We are, however, in hearty sympathy with any night medical college, that earnestly endeavors to give its students the best there is in medical and surgical training, according to the lights of the present day, and which fits its students and graduates to meet on equal footing the graduates of the average day school.

J. P. BURKHOLDER, M. D.
103 State St., Chicago, Ill.

THE THERAPEUTIC VALUE OF GRINDELIA SQUARROSA IN MALARIA

The Department of Agriculture recommends that grindelia squarrosa as well as grindelia robusta should be cultivated and raised for the medical market. There is room for raising medicinal plants and it looks as though more attention would be paid to this branch of industry.

Grindelia squarrosa is not a drug for acute malaria but a valuable one for chronic malaria. It reduces an enlarged liver, a thing that is usually present in chronic malaria. It is said to be the best remedy for enlargement of the spleen ever known. In malarial districts the spleen often becomes enlarged and in some cases reaches an enormous size. It is a condition that is often hard to relieve and if grindelia squarrosa did not have any other therapeutic value its influence over the spleen would be worthy of consideration by all physicians who practice in malarial districts. But besides its influence on the spleen it, as above stated, has a favorable influence upon the liver and regulates that organ, and this is a very important thing. All experienced physicians know that the regulation of the action of the liver is very important in all or most all diseased conditions.

Besides the action of grindelia squarrosa on the liver it has a favorable influence on the stomach. It aids digestion and assimilation, which is important in chronic malaria, as the digestive apparatuses are usually impaired and often an abnormal appetite.

It is a well known fact that arsenic is of value in chronic malaria, but the liver must have attention, and arsenic has no influence over it; and again there are some cases in which arsenic does not seem to have the desired effect. It can be given to full physiological effect and then it does not cure the malaria. In all such cases grindelia squarrosa should be used.

There are many remedies for malaria but probably the most important one we have for chronic malaria is grindelia squarrosa.

I want to state here that grindelia squarrosa and grindelia robusta are different remedies. When growing, they resemble each other very much in looks but are entirely different in therapeutic action. Some physicians think they are the same thing and some druggists will tell you they are the same thing but they do not know.

Grindelia squarrosa grows in California and it is thought by some that it does not grow in any other place, but I could not say for sure whether it does or not.

When using grindelia squarrosa care should be taken to get the genuine article and not the grindelia robusta. There are several other species of grindelia but the robusta and squarrosa are the only two on the market. They are both mentioned in the U. S. P., 1905. The dose of the fluid extract grindelia squarrosa is thirty drops every three hours until the third day; then increase to thirty-five drops. Every third day increase the dose five drops until the physiological effect is obtained which is

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a choking sensation in the throat when swallowing. The patient will complain of a sense of constriction in the throat when swallowing, but can swallow all right. Usually forty-five drops every three hours will produce the physiological effect but in some cases it will take sixty drops every three hours to produce it. When the physiological effect is produced the dose can then be reduced some and continued for some time. The treatment for chronic malaria should be continued from thirty to ninety days in order to prevent relapses.

As the fluid extract of grindelia squarrosa costs about $1.90 a pound one can see it is expensive to use or some more expensive than the usual remedies that are used in chronic malaria.

Dr. H. T. Webster, of California, uses grindelia squarrosa for headache, caused by malaria. He uses a tincture made from the green plant and claims he is disappointed when he used the fluid extract made from the dry plant.

Dr. W. L. Leister used to practice in a malarial district and reduced his remedies to about five for chronic malaria which were grindelia squarrosa euonymus atropurpureus, nitric acid, nux vomica and podophyllum peltatum. He used grindelia squarrosa with one or the other of the four, so grindelia was the leading remedy in his practice for chronic malaria.

According to Dr. Webster, grindelia squarrosa will relieve and eradicate chronic malaria that quinine and arsenic will not touch. Quinine has been considered a specific for malaria, but all physicians who practice in malarial districts know this is not true. It is very unreliable for chronic malaria.

If physicians have cases of chronic malaria in families who can afford the remedy I think they will be well pleased with the action of grindelia squarrosa if they will obtain a good preparation.

J. A. Burnett, M. D.

·burn, Arkansas.

A UNIQUE TREATMENT FOR VARICOSE ULCERS

In the treatment of varicose ulcers, I would mention a mode suggested by someone about four years ago, the journal, and doctor, I've forgotten.

Since using this method, I am very much pleased to get a case to treat, for I am sure of a cure.

Of course this treatment is not new to many who will read this article, but may have escaped their minds.

First, clean the ulcer with per-oxide (never using water), then place a piece of antiseptic gauze cut just the size of the sore, and on this thickly lay a powder composed of equal parts of salicylic acid, and starch; on this put a wet sponge. Lastly, cover all with absorbent cotton, and the dressing will be complete. On the third day dress just the same way; the healing process will be patent on sight.

A few similar dressings will be sufficient to establish a cure. I have never known this treatment to fail, in a number of cases in which I've tried it.

I would like to hear from others as to the success they meet with in using this method.

Geo. B. Simpson, M. D.

Webster Springs, W. Va.

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A source of neglect, perhaps, rather than of distrust, relative to vegetable materia medica is the wonderful expansion of synthetic chemistry. No thoughtful person would, of course, decry this marvelously fruitful movement. But, on the other hand, it should not become too exclusive. Nature will through all time retain her preeminence in the realm of chemical synthesis—the products of her laboratory will ever constitute the basis, indicate the law, and furnish the material for all human achievement in this limitless field of scientific endeavor.—W. B. Konkle, M. D., in Medical Record.

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LETTERS CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 11 MARCH, 1908 No. 3

THE THERAPEUTIC REVIVAL

No one can examine a basketful of leading modern medical journals without finding sufficient proof that the revival of drug therapeutics is in full force.

Therapeutic nihilism seems to have been driven from its inner citadel, its last stronghold, when the American Journal of Medical Sciences comes out in its January issue with a number of articles actually devoted to the treatment of disease. Not only this, but it is good, wholesome treatment, with real drugs, which are given with an actual purpose behind them.

The first article is by Prof. James Tyson, on the diagnosis and treatment of cardiovascular renal disease; a valuable paper to any and every practicing physician. Dr. Tyson asks if we can remove sclerosed vessels, over-grown connective tissue in the kidneys and other parts by drugs. He fears not, but says that we may counteract their effects and perhaps retard their increase. Iodine tends to remove over-grown connective tissue, and acts as a permanent vasodilator. Vasodilation is especially desirable. He clings to the iodides, which may act also by diminishing the viscosity of the blood, which may be one cause of cardiac embarrassment. He prefers sodium iodide, not exceeding thirty grains a day, generally less, but kept up continuously. If there are nocturnal symptoms he substitutes mercury biniodide, and conservatively expresses himself that the conditions may at least be retarded thereby. His other treatment is symptomatic. Digitalis is not irritating as a rule, but may be harmful. For powerful cardiac action he gives small doses of aconite, with glonoin, and sodium nitrite in from three to five grain doses every two hours. He does not find the nitrites as satisfactory as aconite when the heart-action is powerful.

When the tissues are water-logged and the liquids should be cut down and frequently taken away from the patient, the best way to remove fluid is purging with hydragogs. Diuretics like theobromine act directly on the renal epithelium, and require a certain integrity of these cellular elements for the best results. Besides theobromine and caffeine, he mentions theocine and agurin. He has used caffeine in conjunction with digitalis, alternating them every four hours. The action of theobromine is more prolonged than that of caffeine, but it is not so well borne by the stomach. The same is true of diuretin. Do not use the latter if it makes a turbid solution. He finds theocine preferable.

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He prefers incision of the leg in the use of Southey's tubes to facilitate the extraction of liquid therefrom. The infusion of digitalis he finds a better diuretic than the tincture; which, of course, we know, since the infusion contains the soluble digitalin, or digitalein. Broom sometimes acts well, but has fallen into disuse because of its bulkiness and disagreeable taste. It has been replaced by its active principle, sparteine.

He says: "Many years ago I began the use of sparteine in dropsy and Bright's disease, and thought I was giving quite large doses when prescribing one-fourth grain with such frequency as to secure two grains in the twenty-four hours. They were certainly much larger doses than heretofore given. Now I advise it in even larger doses, three-fourths grain every three hours. I have never known any harmful results, and it is well borne by the stomach."

Further on he says: "I will refer to a drug which I think merits more frequent trials, as a purgative and diuretic, so striking in its effect at times as to have received the name of "internal trocar," and that is apocynum cannabinum. Unfortunately it is so irritating as to produce vomiting, as well as diuresis and purging. It contains an active principle known as apocynin; it is put up in one-sixth grain granules, of which three are given every two hours until the effects are secured."

Dr. Tyson does not forget our old friend the pill of calomel, squill and digitalis, which he says is very valuable.

This is but one of a series of similarly sensible, practical papers in this issue.

EDITORIAL NOTES

The Oregon House of Delegates voted down the proposition to establish a state medical journal.

As the early bird catches the worm, so the early morning toper acquires lead poisoning with the first beer drawn from lead pipes in which it has stood since last night's closing.

Kaan, in the Annals of Gynecology and Pediatry, says that the nausea of the early months of pregnancy may be removed by placing the patient in the knee-chest position and inserting a tampon which will sustain the uterus. To do this with the patient on the back would be to invite no good results or perhaps the disaster of a miscarriage.

Some years ago the writer got into a little controversy with the dental journals over the loss of teeth by pregnant women, which we attributed to the absorption of lime to supply the needs of the growing child. The dentists said this was impossible since there were no vessels in the tooth. But this left no explanation at all for a phenomenon occurring too frequently to be accidental. Sajous offers a sufficient explanation in his suggestion that the nerves carry nutritious plasma, the so-called axis cylinder being really a vessel.

In Colorado, Dr. Van Meter says he considers the laboratory examination of applicants for medical license covers ninety per cent of the whole matter. In the meantime Dr. Crisp contributes a cogent paper to the Denver Medical Times on "The Medical Law and its Violation," concluding with these words: "Manifestly, the medical law is as inert and inoperative in Colorado as in the miasmatic jungles of the Soudan." In plain terms, the operation of the law by the examining board excludes all experienced practicians from practice in this state, and leaves the people to the quacks who openly advertise like this: "We have a cure for every disease. Tell us your ailment and we will provide the cure. We fit the remedy to the disease."

Perusing a reprint kindly sent us by Dr. Arthur MacDonald, a great light has burst upon us. Oniomania! This

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is not an uncontrollable craving for onions, such as some beauless females manifest, but a much more serious and prevalent malady—in fact it is "a painful but invincible impulsion to buy all sorts of things." It's a terrible thing to reflect that we have for all these years housed in our family one or more of this sort of demilunatics, and never suspected it. What we have had to put up —with or for—our check books alone may tell. But now that the malady has been recognized and named we may hope at some time a remedy may be found for it. Meanwhile we may, by throwing this fearsome epithet at the guilty party, hold the destructive tendency in some check.

A Chicago surgeon is quoted in the Evening Post, as saying that the time for legal recognition of and punishment for delay in diagnosis and operation for appendicitis is due, and unless the profession awakes to the short-comings an enactment will soon be placed on our statute book. From this the editor of the Medical Record draws logical deductions which are certainly amusing. "Nothing could be easier and more remunerative to the surgeon than to be compelled by the courts to diagnose appendicitis and operate at once, if his patient with a stomach ache could be made to squeal when the McBurney point was touched. What confusion, too, would overtake the disciples of Osler, if the law drove them to treat pneumonia by specifics or active principles, instead of leaving the patient to work out his own salvation according to the self-limited theory." This opens a field for medical legislation unthought of before.

Most of our readers probably received copies of a pnonunciamento favoring the use of alcohol as a beverage by the well, signed by a number of prominent British physicians and circulated by the whisky interest. It was not to be supposed that this would pass without caustic comment by the temperance men, and in the Medico-Legal Journal, is an admirable assemblage of expressions thereon. Several of the signers have since repudiated in whole or part the sentiments ascribed to them. On the whole, while it is questionable if the publication has made anybody drink more liquor, the effect on the reputation of the signers cannot have been much short of disastrous. The common sense of the world will not stand for advocacy of drink. It is tolerated, with less patience every year, and every reasoning man will acknowledge that its end is but a matter of time. The specious pleading, the ingenious experiments by which its use is sought to be justified, are received with silence—there is not a man or woman of mature age who does not know that the use of alcohol in health is unnecessary to any human being, and that its values are questionable, its vices horrible.

The principal contribution to the March number of Everybody's is an appreciation of Governor Hughes by Erman J. Ridgway. It is a sketch of the personal side of the Governor, told in direct, conversational language. No less timely, and of widespread importance, is an article by Lieut. Hugh Johnson, U. S. A., entitled "The Lamb Rampant," pointing out in powerful terms the stagnation of the American army system. Owen Wister writes "The Freezing of Washington," in his usual brilliant style, showing how completely the true personality of the great Virginian is "congealed" in modern textbooks, and Charles Edward Russell finishes his series exposing the corruption in railway and street-car operation. "The Pursuit of the American Heiress," by an Expatriate; the final number of Herbert N. Casson's "Romance of the Reaper," and "The Actor and the Manager," by Hartley Davis, conclude an unusually strong collection of timely articles.

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RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

ADENOIDS.

The importance of adenoids, that is an overgrowth of the glandular tissues in the naso-pharynx, cannot well be overestimated. The condition is very common in children and predisposes them, making them especially prone to all kinds of infections and leading to various and serious forms of malnutrition and defective development, anemia and general debility. They must be suspected and are to be looked for whenever there are manifestations of nasal obstruction, such as snoring, broken sleep, struggling for breath, frequent colds or chronic running from the nose, and in infants inability to suck without repeated interruptions. Mouth-breathing with chronic pharyngitis, laryngitis, bronchitis or croup is also a common sequel of adenoids and leads to grave impairment of health, as shown by compressed face, drooping of the jaw, sunken chest, stupid expression and languor. Thick nasal speech, a marked slowness in learning to talk and deafness associated with chronic catarrhal or purulent otitis media result often from adenoids. Other more remote disturbances as headache, poor memory, lack of mental capacity, asthma, enuresis, epilepsy, may be counted as possible reflexes from adenoids, for they have often been greatly benefited or even cured by removal of these pathological growths. Surgical removal of adenoids is their only rational treatment. The operation is simple, without danger, and for the most part promptly followed by good results. But a few precautions must be observed. Operation should be deferred as long as there exists an acute condition in the upper respiratory tract, and it should not be undertaken in children suffering from some grave constitutional disease such as hemophilia, nephritis, diabetes, syphilis or tuberculosis, except perhaps for an emergency. The best time for the operation is before the second dentition, because dating from the latter the bones of the face are beginning to undergo important anatomical changes.

The frequency of adenoids and enlarged tonsils may be inferred from the reports of the inspection of school children. In a school in New York City of one hundred and fifty children examined, only three were found without some physical defect, and one hundred and thirty-seven of them had adenoids and large tonsils. They were operated on, sent away during the summer to good hygienic surroundings and good food, and when they came back they looked like a different set of children. A large share of the good results in this case is undoubtedly due to the improved hygienic conditions and not to the operation alone. Eighty-eight per cent of all children attacked by diphtheria were found to have large tonsils and adenoids, and it is thought possible that, were these growths removed before the children were sent to school, a much smaller number of cases of diphtheria would develop.

TUBERCULAR INFECTION OF BOOKS.

Studies have been made in the wards for diseases of the chest in the university hospital of Upsula regarding the infection of books by tuberculosis. Journals which had been in use there were enclosed in boxes and kept for several years. Then the leaves were rinsed with sterile water and brushed with sterile brushes, and the deposits thus obtained were examined and tested. Four out of every ten journals examined gave positive proof of tubercular infection.

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Neither the time passed since their use, nor the length of time of their use by consumptives, nor the stage nor virulence of the disease in the user seemed to influence or vary the result.

The possibility of the transmission of tuberculosis by means of books is thus proven and should be kept in mind in our endeavors to check the spread of the disease. The danger is particularly great in our land, where public libraries are more dangerous than anywhere else.

IMPROVISED STERILIZATION.

Although most physicians are now provided with one of the simple and effective portable sterilizers, one may occasionally be caught without one. A simple and ready substitute is described by Goosse in the Berlin Klin. Wochenschr. All one needs is two pots, one of which can be placed inside the other. Pour one or two glassfuls of water into the larger one and into the smaller put the materials to be sterilized—instruments, dressings, sutures, rubber gloves, etc. Then place one pot into the other, cover the larger one and bring the water to a boil. Ten minutes' boiling insures perfect sterilization.

ETHYL CHLORIDE NARCOSIS.

Herrenknecht, reporting in the Munich Med. Woch., three thousand anesthesias with ethyl chloride without any mishap, considers it, when properly administered, our safest anesthetic. Only in five cases out of his total number could full anesthesia not be induced, owing to the great restlessness of the patients during the first stage. The action of the anesthetic may be divided into four stages; first, the prenarcotic, analgesic stage; second, the stage of excitement; third, the stage of deep sleep; and fourth, the post narcotic, analgesic stage. In operations which are likely to consume more than five minutes it is preferable to begin with ethyl chloride and continue with ether or chloroform. Operations requiring only a half to one minute may be performed in the prenarcotic stage. During this the patient is conscious, but has little or no sensibility to pain. Healthy persons are able to walk home immediately after the operation. An important observation is that during the anesthesia erotic delusions are often present so that especially in dealing with women it is desirable to have witnesses on hand. Ordinarily two to three grams of ethyl chloride are sufficient to produce anesthesia, five grams being but rarely necessary.

ASPIRIN IN VOMITING OF PREGNANCY.

Crafton reports in the British Medical Journal, three cases of hyperemesis gravidorum promptly relieved by aspirin. One was especially obstinate and had been put on limited diet, laxatives, rest in bed, salol, pulvis creosol aromaticus, etc. The exhibition of aspirin was followed by prompt relief for fourteen days when the vomiting returned in a light from, then disappeared permanently.

Few conditions met in general practice are more trying than persistent vomiting of pregnancy. Remedies, successful in some cases, are likely to fail utterly in others and we find ourselves driven to the last undesirable resort, the induction of abortion. It is therefore opportune to record whatever successes may have been obtained with whatever remedy, even when we cannot understand why the particular drug, as in this instance the aspirin, a salicylate, should have such special effect.

THE OTHER SIDE.

One of the standard grievances aired in medical societies and journals is the encroachment upon the physician's prerogatives by the manufacturing chemist. It is a subject upon which we have commented in these columns. That there is another side to the question was forcibly called to our mind when we happened to find on a prescription file which we had to look over the following prescription:

(Continued on Page 103)

Google

MEDICAL PROGRESS

By E. S. McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

London Medical Students and Vivisection. "The Brown Dog" is a statute in London in the memory of a dog which according to the inscription "was done to death at University College," and "endured vivisection extending over two months." This was erected by the anti-vivisectionists, the falsehcoods concerning which cost Mr. Coleridge and his supporters £2,000 for libel. The medical students of London recently made a raid on this statute with the determination of destroying it. The raid was successfully resisted by the London police. A meeting was convened in Trafalgar square which was so large as to interfere with traffic and the police arrested some of the students. The statue and its inscriptions seem to be an insult to medicine and to act as a red rag to London medical students.

Pneumonia From Contusion. Editor Earp in the Central States Medical Monitor, November, 1907, calls our attention to this form of pneumonia, the causative factor differing from that which we indicate by the term traumatic pneumonia. The lung in these cases has not been penetrated by an outside force but there exists rather a compression or contusion resulting from the blow of a blunt object. Even without external signs the lobe of the lung may be injured by a blow perhaps remotely. Another feature to which attention is called is the sudden onset and short duration of the disease. He reports the treatment in the case which he reports to be a bandage to the chest to restrict motion and the salicylates with anodynes, and expectorants, recovery following. He quotes Litten to the effect that though there may be no external sign, yet an ecchymosed lung. The lesion is most often from a fall from an elevation, but may be produced from a severe blow, by compression or by being run over, or by lifting weights. The main points made are, sudden onset, short course and high death rate, cases so far reported yielding sixty-eight per cent mortality.

Sciatica Associated With Changes in the Hip Joint. Dr. Ironside Bruce in a paper before the Medical Society of London on "Sciatica and its Relation to Hip Joint Disease," showed by the means of skiagrams that certain changes in the hip joints were present in cases of sciatica. He said that the results of gouty or other inflammations could be demonstrated by radiography, and that it would be well to investigate in this way all cases of sciatica. He presented five skiagrams presenting articular changes from cases with the typical symptoms of sciatica. He did not contend that all cases showed these changes; indeed, the five instances had been obtained from twelve cases. In one of them the head of the femur had been excised and showed changes usually considered to be characteristic of arthritis deformans. He did not suggest that such canges were constant, but was convinced that routine examination with X-rays of all intractable cases would show that in a large proportion the sciatica was a symptom of chronic rheumatic arthritis and should be treated accordingly. Sciatica is such a troublesome malady to both doctor and patient that any attempt to elucidate its origin is pretty sure to interest the practitioner who is always on the lookout

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for some hint which may give successful treatment.

Brutal Vivisection. Judge Pollard, of St. Louis, recently in imposing a fine of fifty dollars on an inhuman medical student who had transcended all the bonds of decency in vivisection, is reported to have said: "If this vivisection is necessary, then it should not be done with such heartless, needless, cruelty." Vivisection is necessary both for the needs of the accretion of scientific knowledge and the practice of operative methods. The student, who shall be nameless here, it seems from the testimony, took possession of a dog which did not belong to him and did belong to someone else. He then practiced an operation on the dog, mutilating it and destroying its value to its owner. Finally, instead of either tending it humanely to recovery as he should have done or putting the unfortunate beast out of its misery, he brutally threw it into an alley exposed to the cold to recover or die, as best it might. Vivisection is right and proper and of much value but should not be carried on under these conditions. It should be done under restrictions. Certainly every rattle-brained medical student should not be allowed to steal his neighbor's animals and do them to a miserable death. Wouldn't this be food for the antivivisectionists. This case can do more harm to the cause of legitimate animal experimentation than can be undone in a long time. Scientific vivisection should always mean the least possible suffering, the most possible anesthesia, permissible under the conditions present the shortest possible time for scientific enlightenment, the speediest possible repair of the damage to the animal or death by complete euthanasia and the nearest possible analgesia for the animal during life. A medical student so inhumanly indifferent to animal suffering, even in vivisection, is unfit to become a minister to the suffering.

RUNDSCHAU

(Continued from Page 101)

℞

Pot. brom. .....ʒiv.
Pulv. rhei (Merck).....ʒiij.
Aq. syr. simpl. .....aa. ad ℥iv.

Dose, one teaspoonful t. i. d. The writer of it graduated four years ago with highest honors from one of the best medical schools, held an interneship gained by competitive examination in a large and noted hospital, can do a clever operation, knows a lot about laboratory work, but evidently knows nothing about prescription writing, the everyday need of everyday practice. That young man—only one of thousands—has not been properly taught, and therefore cannot get along without the pills, tablets and palatable mixtures put up for him by the manufacturing chemist. The patient who had to take the nasty mixture prescribed could not be blamed if he flew the coop afterwards. Manufacturers do not alone create a demand, but supply an existing demand. It is "up to" the medical schools to equip students with an adequate knowledge of drug therapeutics and the evil will correct itself.

♣ ♣ ♣

The first point is to be sure of the diagnosis by all-over and all-round investigation; the second is to estimate the value of the tissues; the third is to lose no time.—Douglas Stanley on Phthisis in Birmingham Medical Journal.

♣ ♣ ♣

For my own part I prefer the stethoscope, and I believe it will always prove the most reliable. While giving due importance to all means of diagnosis, there is a danger in relying on measures that are not always available.—Douglas Stanley on Phthisis in Birmingham Medical Journal.

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The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

CHRONIC DISEASE. The Natural Method of Diagnosis and Successful Treatment. By W. H. Burgess, M. D., Author of "The New Field." Pages 320. Price, Princess Paper, $1.00. Published by the Author, Avondale, Chattanooga, Tenn.

The author's previous work, "The New Field," was reviewed in The Recorder, and subsequent remarks by contributors have familiarized our readers somewhat with Dr. Burgess' work. Dr. Burgess treats disease by what he calls the "natural method," giving special attention to cellular therapy. There is no therapeutic nihilism about Dr. Burgess; he believes in positive results from remedies properly applied. He says there is no incurable disease. His writings are original and are worth reading.

THE EVERY-DAY DISEASES OF CHILDREN AND THEIR RATIONAL TREATMENT. By George H. Candler, M. D. Pages 386. Cloth. Price, $1.00. The Clinic Publishing Co., Chicago.

This book is not written as a guide for the expert pediatrist, but as a help to the general practitioner. The diseases of children constitute such an important part of the practice of medicine that there is room for every practical work on the subject. The book does not go into theory, but gives the practical treatment of the diseases of childhood; there is but little on etiology and pathology, the work presenting only symptoms and treatment. The author advocates thorough elimination, intestinal antisepsis and the use of the active principles. The first chapter of the book is called "Pertinent Points on Pediatrics,' and gives short, terse, pointers on the subject. All the diseases of childhood are considered, including those of the special organs. A good chapter is appended to the book on the tongue and its appearance in disease. Every physician who treats children's disease will find the book interesting and useful.

The American Magazine for March contains "How About Hughes?" illustrated, by Ida M. Tarbell; "The Negro's Struggle for Survival in the North," illustrated, by Ray Stannard Baker; "The Open Road," a sequel to "Adventures in Contentment," illustrated, by David Grayson; "The Psychology of the Yellow Journal," illustrated, by W. I. Thomas; "The Metropolis," by Upton Sinclair; "Mr. Dooley on Philosophers," with cartoons by John T. McCutcheon, by F. P. Dunne.

Some leading articles in The World To-Day, for March, are: "The Religious Education Association," with portraits, by Shaller Mathews; "Our Colonial Empire: Porto Rico—The Land of Problems," illustrated, by C. H. Forbes-Lindsay; "Governor Charles Evans Hughes," with portraits, by Howard B. Grose; "Into and Out of Andorra," illustrated, by John Randolph; "Recalling a Vanishing Art," illustrated, by Frederick W. Sandberg; "The American Woman as a Higher Type," by Mrs. T. P. O'Connor; "Some Famous Streets Abroad," by Abram S. Isaacs; "Trouble in the Old Kentucky Home," illustrated, by Francis Perry Elliott; "Fighting the White Plague Among Cattle," by David Roberts; "The Franchise Struggle in Germany," illustrated, by Wolf von Schierbrand; "Agricultural Education for Delinquent Boys," illustrated, by Fred Ward; "Paper Made from Peat," illustrated, by James Cooke Mills.

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MISCELLANY

THERAPEUTIC NOTES

By R. J. Smith, M. D., Schenectady, New York.

Following the suggestion of Girard, a hypodermic of atropine, 1-120, and strychnine, gr. 1-60, was given to a patient who always suffered from train-sickness. The journey of two days' duration was taken without any of the expected distressing symptoms. Hyoscyamine amorphous and strychnine arsenate have proved useful as preventatives of sea-sickness and train-sickness.

In puerperal sepsis, ergotin and strychnine arsenate in full doses are curative. The uterus is firmly contraced and the absorption of toxins prevented. Atropine has also been recommended for the same condition. Echinacea as an intestinal antiseptic and correcter of deprivation of the body fluids is often beneficial. Free depletion by means of five or more glycomagnesium suppositories, (Abbott Alkaloidal Co.) has been effective in several cases in the writer's experience The soreness, tenderness and general symptoms were all relieved.

The bromides, bromidia, in small, frequently repeated doses sedate an irritable gastric mucosa, relieving nausea and vomiting, and quieting nervousness. They are useful remedies in children with gelsemin added if there is much arterial excitement.

Citrate of caffeine is recommended as a diuretic, giving 7½ grs. three times daily. Sparteine sulph., grs. 1½, two hypodermically every three to six hours is reliable in anuria with weak circulation. If pulse tension is high, give veratrine.

In pneumonia and typhoid fever, open the windows freely. There is no danger of taking cold, and the draught bugbear is a fallacy. The nurse usually objects—the patient very rarely.

Oil of cajeput should be re membered in extreme cases of fermentation.

Bilein (A. A. Co.) is recommended in hepatic insufficiency, in cases where absorption of fats is slow, in all diseases where toxemia is present. Six granules of bilein, gr. 1-8, may be given during the evening, saline laxative or soda phosphate being administered early in the morning. Bilein is useful in tuberculosis, arteriosclerosis, hepatic colic and gallstones in chronic constipation.

Infected wounds of the fingers or hands do well with prolonged hot water baths. Permanganate of potassium may be added. It is antiseptic and hemostatic.

Morphine sulphate, gr. 1-12, gave quiet sleep in a case of chronic valvular disease. Small doses are useful in myocarditis, quieting nervousness and irritability.

In carbolic acid poisoning, saturated solutions of magnesium sulphate are more beneficial than alcohol. When alcohol is given immediately after the ingestion of the acid, absorption is delayed and the epsom salts solution has time to act. The stomach should be washed out through the stomach tube.

In "growing pains" of children, always rheumatic, acid salicylic, gr. 1-6, soda bicarbonate, grs. x., may be given every hour for several doses, and after control, every three or four hours. Give calomel and salines, followed by intestinal antiseptics—W. A. The bowels should be kept free and antiseptic. The "growing pains" are quickly relieved and the above anti-rheumatic treatment saves heart complications so common in children after mild rheumatic attacks.

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A TRUE X-RAY STORY

Time was when a person who got a needle stuck under his epidermis had to grab it quick or let it go rambling around among his vitals. Such cases have been rare in recent years since the X-ray has been made so practically adaptable to general use. Occasionally, however, one learns of instances where a member of the medical profession is either so far behind the times, or so negligent of his reputation and the welfare of his patient, that he fails to avail himself of this now indispensable apparatus. This usually results in the patient having some part of his body sliced almost into fish bait, or he retains the needle as an intimate physical associate or both.

One evening last summer, Mike Kennedy, a travelling salesman for an eastern pharmaceutical house, sat in his room at the hotel reading. Business had been good, his book was interesting and Mike, smoking his after dinner cigar, felt comfortable and happy. No wonder then that he failed to hear his friend's knock until it had been thrice repeated and no wonder that his "come in" was given with undisguised reluctance.

But he threw aside his book and jumped to his feet with delight when he recognized the visitor who was no other than his old friend, Frank Palmer, a travelling salesman for Huston Brothers Co., the Chicago surgical supply house.

After the usual greetings and inquiries of "when did you get in," "how are you making it," etc., Mike walked across the room to get some fresh cigars, and in doing so disclosed the fact that he limped badly. This of course led Frank to inquire as to the cause. "Don't know, old man; I think that I must have run a needle into my foot in some way." "Why don't you go to some good doctor and have him put the foot under the X-ray?"

"I have been working the little towns lately and have not run across a doctor who has an X-ray." "If you will come to my room," said Frank, "I will examine it myself with our Huston portable X-ray." Mike protested that he did not wish to give his friend so much trouble, but Frank assured him that it would be no trouble, and that in fact he would bring the apparatus right down to his own room, and Mike was very much surprised to hear that the entire Huston portable X-ray coil could be carried in the hand like a valise, and that the work of setting it up would take only a minute.

In his secret soul, Mike felt that Frank was "stringing" him; but, nevertheless, he was willing to see the joke through, and so Frank departed for the coil which a few minutes later he carried in one hand in a neat little case with handles; in the other hand he had another little grip, which afterwards proved to be the container of the tubes and accessories.

Sure enough, in a minute or two the green light appeared in the tube, the fluroscope was adjusted, the examination made and a needle disclosed in the fleshy part of the foot. Frank suggested that they send out to a surgeon at once to have the foreign body removed, but Mike decided to wait until the next day. He did not let Frank know of his real reason, which was that he wished to wait until he got back home and have his own surgeon operate.

At the hospital a few weeks later, Mike's own surgeon, who was "not much interested" in the electrical branch of the profession and who did not have an X-ray outfit, made a "pipe-shaped" incision in the bottom of Mr. Kennedy's foot, laid back the "crust" and made a diligent (?) search behind (!) where the needle rested in the "crust." It was "lost."

Two months later when Mike was able to get around again, the writer of this article took a photograph with the Huston portable X-ray coil showing the

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needle plainly. Mike now carries both, and shows the picture as a witness to what an X-ray photo beside the operating table might have done for him.

The moral of this true little story is left to the physician who reads, and we refer him to the advertisement of the Huston portable X-ray coil found on another page of this journal.

THE TREATMENT OF UTERO-VAGINAL CATARRH

By C. E. Brandenburg, M. D., New York City.

Fifteen months ago Mrs. X. came to me for treatment, giving the following history: Six years previous she had a miscarriage, since which she had been troubled with a profuse leucorrhea of a very foul odor. At her menstrual period she suffered greatly and flowed excessively. On examination the cervix was found to be nearly four times its normal size and so badly eroded as to have every appearance of a cancer, and had been mistaken for such by one physician. The uterus was soft and boggy and very much enlarged. She had been to the hospital on two occasions and each time had been curetted, but this seemed only to aggravate the general condition. For over a year I treated her with every means at hand, but to no purpose. I was making preparations for an operation which would have meant the removal of the uterus, when my attention was drawn to glyco-thymoline and I determined to give it a trial before operative measures were to be further introduced. An intrauterine douche of glyco-thymoline in twenty-five per cent hot solution was administered and lamb's wool tampons saturated with glyco-thymoline pure were used. She began to improve from the first application. The leucorrhea became less and the odor disappeared entirely. The cervix took on a healthy look. The uterus decreased in size and became firm; in fact she is now nearly well after nine week's treatment with glyco-thymoline.

POST HEMORRHAGIC ANEMIA

The anemia which follows the hemorrhages of trauma, gastric or intestinal ulcers, severe epistaxis, child birth, profuse menstruation or hemorrhoids presents a clinical picture that is so well-known that it requires no description.

Examination of the blood immediately after a severe hemorrhage usually shows no apparent change in its number of corpuscles, for the portion lost withdrew the blood as a whole, and the portion remaining in the body, while decreased in volume, will be found to contain a normal ratio of the fluid and cells. Shortly after a hemorrhage, however, the tissues of the body give up large quantities of fluid to restore the necessary volume of the blood and a condition of true hydremia ensues. Examination of the blood three or four hours after a severe hemorrhage, therefore, shows a very marked oligocythemia. Reconstruction must now take place and the response to the bodily demand is sometimes remarkably prompt, but in most instances it is a hard uphill fight. This is to be expected, for the disproportion between the cells and the fluid elements of the blood, and the essential depression of all vital functions, makes recuperation a difficult process at best.

Much can be done, however, to assist the body in its efforts to restore normal conditions. The first and most essential requirement is absolute rest in a prone position. In some instances, it may be necessary for a few days to have the couch or bed tilted so that the patient's head shall be lower than the feet. Sudden movements or a sudden rising to an upright posture must be strictly interdicted as these are always liable to produce a fatal syncope. Following severe

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hemorrhage, the blood pressure is always lowered, and even if a certain degree of tension is apparently restored, it is very unstable, and may be lost instantly with all of the resulting dangers on the heart and central nervous system.

Another precaution to be taken is to frequently change the patient's posture from one side to the other. The hydremic state of the blood, and the loss of blood tension predisposes to gravitation oedema in the lungs and other organs, and the simple procedure of changing the patient's position often avoids annoying and serious complications.

Considerable quantities of water are always necessary after hemorrhage, but it should never be given in large amounts at any one time. Two or three tablespoonsful at a time by the mouth every few minutes is much more beneficial than to allow a patient to drink to satiation. Excessive thirst is always soon controlled by small enemas (one pint) of saline solution, as warm as can be borne, repeated every three or four hours. These also serve admirably to very materially raise arterial tension. It is no uncommon thing to observe complete anuria for even twenty-four hours after severe hemorrhages, but the warm saline enemas soon correct this condition.

Feeding is one of the most important details in post-hemorrhagic treatment. Liquid food should be used in preference to solids for obvious reasons, and may consist of milk, beef extracts, white of eggs, etc. Small quantities should be given at short intervals, as it must be remembered that the digestive function is always more or less depressed and can only do a portion of its usual work. A good reliable hematic is early necessary, one that can materially hasten hematosis without endangering the digestive and assimilative functions in any way, shape, or fashion. Pepto-mangan (Gude) is one of the most dependable remedies of this class and its hematopoietic properties are well known. Uuder its use the cellular elements of the blood are rapidly increased, and the whole physical condition is greatly improved. The various organs resume their functions and the distressing and dangerous effects of hemorrhage are safely and properly overcome.

Arteriosclerosis. Autointoxication from faulty metabolism, and imperfect elimination ranks with gout and leads as a cause of high blood pressure. This, in time, leads to arteriosclerosis, cardiac hypertrophy and dilatation, mitral and aortic insufficiencies, cerebral apoplexy and retinal hemorrhage. Lowering the blood pressure is at once a preventive and curative measure. This is best accomplished by renal eliminants, and we know of no better remedy of this class than alkalithia.

Papayans Bell are advertised to physicians only. They contain our own papain, willow charcoal, sodium bicarbonate and flavoring only. They remove stomachic and intestinal indigestion more thoroughly than any other remedy. Last year we sold to and through physicians over three hundred million Papayans Bell. At all druggists. Prescribe two tablets with water before meals. Bell & Company (Inc.), 68 Murray St., New York.

Half a dozen guaranteed ,self-registering, magnified index, clinical thermometers and a handsome gold plated case with gold plated chain and pin for two dollars, delivery prepaid, and money back if waned, is the liberal offer of the Regal Thermometer Co., Emington, Ill. See their advertisement on page v. Their thermometers are reliable and every reader of this journal should take advantage of their very liberal offer.

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The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

VOL. XI APRIL, 1908 No 4

Leading Original Articles

THE APPLICATION OF CERTAIN PRINCIPLES OF PLASTIC SURGERY IN CLOSING DEFICIENCIES IN EXPOSED CUTANEOUS SURFACES

By Charles C. Miller, M. D., 70 State St., Chicago, Ill.

(Continued from Page 83 March Recorder)

PLASTIC SURGERY.

Whenever possible, closure of featural defects should be accomplished without making subsidary incisions. In certain cases it may be possible to close a defect after undermining and the operation contemplated may not be feasible owing to the distortion of the features.

The least difficult portion of the problem in featural surgery is to effect the closure of the deficiency The difficulties may be great owing to the unsightliness of subsequent scars on this previously mentioned distortion of the features. In order that the surgeon may close to the best advantage it is necessary that he be acquainted with the numerous methods possible. Some of the methods outlined in this article will be but seldom applicable in the closure of exposed surfaces.

A quadrangle may be closed by carrying an incision in the direction parallel to one side of the figure from one angle of the figure. From the angle diagonally opposite the angle from which the first incision is carried a second incision is made in the same manner of the first, this second incision running in a direction parallel to the side from which it is made. The skin is loosened from the underlying structures and the two diagonal angles which have been loosened are drawn toward their opposite angles which are more fixed as no incisions have been made from them to facilitate their motility. The quadrangular defect is thus closed, leaving sutural lines resembling a letter Z.

The quadrangular defect is also closed by undermining a small flap of tissue, similar in shape and size, and drawing it directly over the defect and suturing it in place. The method may also be adopted of closing the defect with two smaller flaps, both from the same side or from opposite sides, and finally the defect may be closed by drawing a still smaller flap from each of the four sides of the defect.

As can be seen by the illustrations, certain of the methods outlined distort the parts more than do others. It may be seen that the closure of the rectangular defect can be accomplished with the least amount of distortion by drawing the tissues from four directions. At the

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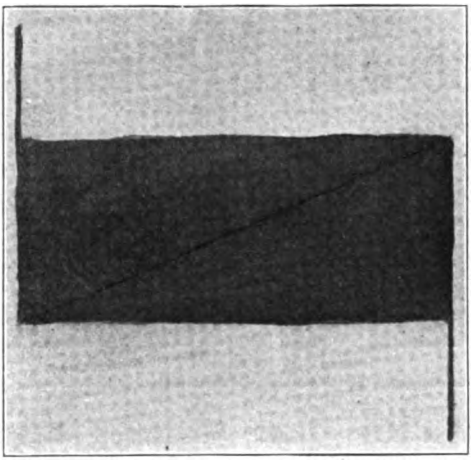

FIGURE 1.

Figure 1. Closure of quadrangle.

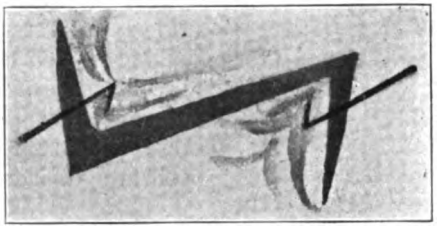

FIGURE 2.

Figure 2. Illustrating direction of traction in closure of quadrangle.

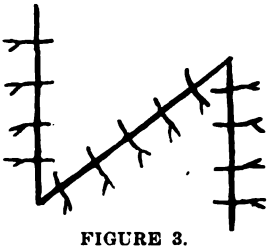

FIGURE 3.

Figure 3. Closure of quadrangle completed; sutural lines resembling letter Z.

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FIGURE 4.

Figure 4. Illustrating method of closure of quadrangle; the tissues being loosened and drawn from one side only.

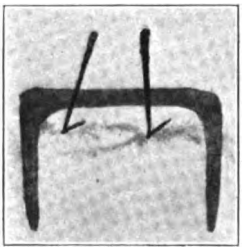

FIGURE 5.

Figure 5. Illustrating direction of traction in closure of quadrangle.

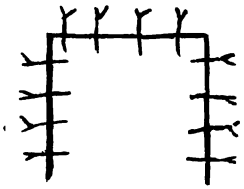

FIGURE 6.

Figure 6. Closure of quadrangle completed.

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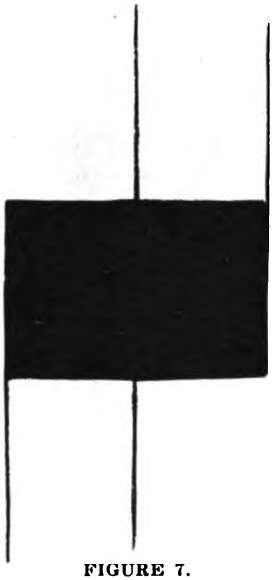

FIGURE 7.

Figure 7. Illustrating a third method of closure of rectangle.

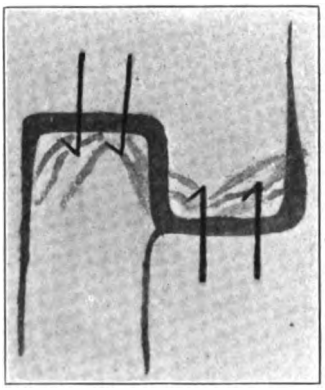

FIGURE 8.

Figure 8. Direction of traction.

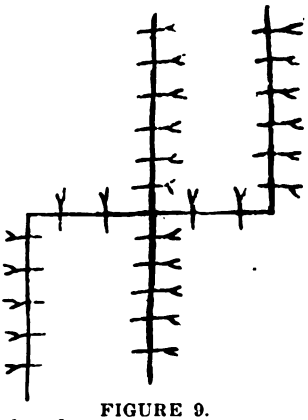

FIGURE 9.

Figure 9. The rectangle closed.

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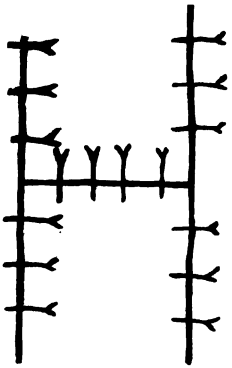

FIGURE 10.

Figure 10. Closure of quadrangle after sliding tissues from opposite sides.

FIGURE 11.

Figure 11. Manner of closing for hare lip.

FIGURE 12.

Figure 12. Angular closure of hare lip completed.

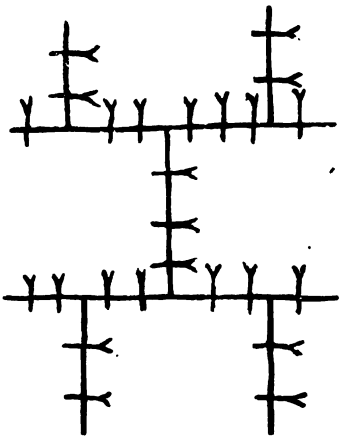

FIGURE 13.

Figure 13. Closure of quadrangle by drawing tissues from each of four sides of the defect.

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same time this method will be least often applicable as it leaves the greatest amount of scarring, or at least, scarring most likely to be conspicuous.

(To be Continued.)

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D., 72 Madison St., Chicago, Ill.

(Continued from Page 78 March Recorder.)

THE GENERAL PRACTITIONER.

To touch this subject, even accidentally, is almost as interesting as sitting down on a "live wire."

Many hundreds of letters have been received from this individual commending my handling of the dishonest specialists and it is a sad thought what these people will say when the general practitioner gets a chance to see himself in the "magic mirror."

All my correspondents have assumed that all the honesty in the medical profession is among the general practitioners and it seems a shame to jar their belief, but it is necessary.

This individual has been a hard problem to study, owing to my inability to divide them into any general class. Nevertheless, he has many idiosyncrasies that are undesirable, and prevent him from becoming a great factor in our civilization.

If this man or woman could only realize the important part they could play in their communities toward bringing about the longed for era of the brotherhood of man, they might forget their own petty bickerings and become a factor that could shape the thought of their communities, as they are doing in some of the old countries.

For a doctor to hold a political office in this country otherwise than appointive, is almost unknown, and even in the few instances in which he has broken into office, his career has been anything but a success, he being either a fanatic or a rascal. So that the invasion of public office by a member of the medical profession is looked upon with either suspicion or derision by the public at large.

Now there must be some cause for this opinion that is held by the public, as there is seldom a dark, thick smoke, that smells like a Democratic torchlight procession in action, but what conceals some real potent cause for its appearance, and to ascertain what might be the cause of this public nuisance, I took up the general practitioner as a study. I have seen him through many human eyes, and I have him pictured in every form from a shining being with wings and a halo, to a replica of his satanic majesty complete with the tail, horns, and hoofs. I have the opinion of men and women in all walks of life; they have seen this fellow under any and all conditions, and many while worshipping him, call attention sadly to his glaring faults.

After sifting all the different opinions, we find that the greatest charge that can be brought against him is dishonesty against the community—a dishonesty not stimulated by greed as much as sheer good nature.

Many times in the history of our civilization, the people have by herculean efforts, overcome the demon alcohol in their communities only to have their efforts defeated by a medical pervert, who will blindly prescribe liquor for the very class of people who should be protected from its action and persist in his madness, in spite of the way he is regarded by his neighbors, and will cheerfully pay fine after fine rather than desist from his abominable practice. As one prominent prohibitionist puts it—our work has been seriously handicapped by the blind or dishonest physician and druggist, who don't seem to be able to see beyond the present, and have no hesitation in nullifying any good law in a community when they can see a little personal gain.

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I am not familiar with a single locality in the United States where these fellows are not willing, nay anxious, to do all in their power to nullify a prohibition law and in many counties the drug store and the physician's office has been turned into a liquor purveying establishment, practice becoming secondary to the business of making drunkards in their community. Arguments with them have been in vain, and in the near future we shall be compelled in self-defense, to take away from these professions their legal right to dispense liquors and make the crime a penal offense.

A similar complaint comes from an Illinois reformer regarding the use of cocaine and morphine. The present law is stringent, compelling its victim to obtain a physician's prescription when he renews his supply. You would think a law carrying heavy penalties would kill out the practice, but you are wrong, dear readers. The druggist who sells cocaine and morphine simply asks some medical jackass to sign a lot of prescriptions in blank in order to cater to this class of customers, and for his effort in doing so gives him a box of cigars. Think of it! For about $3.50, a professional man is willing to sell his birthright, manufacture criminals, and debauch human beings. It is simply unbelievable, still it is a sad fact.

My investigators have brought me many boxes of a mixture of acetanilid and cocaine from the same store and always with a certain physician's name attached, and from other stores with the names of different physicians.

It is evident to the variest tyro that there is a difference between the signature and the body of the prescription, and yet when these people are brought into court they will swear it was prescribed for some legitimate disease, and in doubt, the jury will acquit them.

There are signs of a rude awakening for both physicians and druggists who are willing to profit from a traffic that breeds crime, breaks up homes and even causes murder. There will come a day when the great hand of the law will reach down and grab some of these puny medical speculators by the napes of their necks, and after holding them up within view of their friends and neighbors, ask sternly: "Where did you get it?"

The day of the exploitation of the human being for profit is rapidly passing and no medical man is strong enough to stop the wheels of progress. If they will continue to abuse privileges given them by the people for a wise purpose, nothing is easier than to hedge their profession about with legal red tape and take away from them a trust of which they have proven unworthy.

From New York came the report that there are 80,000 cocaine fiends that are known, not one of which can get a grain of the drug except upon a physician's prescription under the heaviest penalties, yet they do get it and at least fifteen per cent of the prescriptions of some drug stores call for cocaine in some combination to be given to a regular fiend, which goes to show that there are many "easy marks" among the profession, or many who have an India rubber conscience.

It is possible that "sympathy" may play a very important part in the transgressions of the profession, and my investigations go far to prove that many of our members are moved to transgress the law from a morbid sympathy with vice's victims rather than their love of the "almighty dollar."

Already one judge in Chicago who has been trying to conduct the grandest experiment ever made in sociology, has had to call in several physicians and tell them that if they ever dare again prescribe either a narcotic or alcohol to one of his people, who are on parole, he will send them to jail and keep them there until they are educated in morality sufficient to allow them to associate with human beings.

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The great Judge Cleland, while a young man in years, has disturbed the tranquility of the law by announcing a few new principles.

That there is some good in every man.

That man is a victim of his environment.

That the fear of a club (punishment) has greater corrective power than its blow.

Working from these principles, this young judge has not blindly sent to jail every wife beater or petty offender against the peace of a community, but has compelled them to take the pledge, start a bank account from part of their wages and have them report in person once a week to him. He paroles each offender to some individual in the community, whose business it is to cultivate the party's friendship, and nip in the bud any tendency to go back to his old habits. You would expect an experiment of this character would be welcomed in each community, but you are wrong.

He found himself fighting the political machines, the mayor pardoning his prisoners before they leave his outer room, politicians providing witnesses, attending physicians prescribing whiskey for his drunkards, who have taken the pledge, and it seemed likely that a good movement was to be defeated, when all the petty meddlers woke up from their dream of security. The mayor was subpoenaed to explain why he was meddling, several politicians fined and sent to jail, physicians and druggists called in and given a plain talk upon plain honesty and their relations with it. No wonder this wonderful legal phenomenon has been slated for oblivion at the end of his term. The politician has no use for a judge who won't polish his boots with his tongue on request, and yet the people blindly follow the lead of such mechanical manikins of a corrupt political machine. (He has since been jobbed and his work stopped).

RACE SUICIDE.

The physician's responsibility for the growing tendency to have childless homes has been much underestimated. Here as in other shortcomings of the man, profit is subordinated to plain asininity. His morbid sympathy with a pleading pair of feminine eyes is too much, and he yields and furnishes his patient with the instruments, medicine and knowledge that mean a few lost souls to the world, a childless home, and perhaps the virtue of a long line of ancestors brought to an abrupt end.

What possible argument can satisfy a conscience when the sole motive of the feminine pervert is selfishness or cowardice. Possibly it is right, that people whose minds have developed these two most detestable traits of human lives, should be eliminated from the face of the earth in order to prevent them from contaminating with their defects, the perfect people who will eventually supplant us. But it would seem that every man, either professional or laymen, is assuming a grave responsibility when he begins to interfere with the working of "God's natural laws." It is possible that the Creator foresaw the present medical ass, and is using him as an instrument in his great experiment by eliminating people who have developed the baser traits of mind, and retaining those who have normal instincts.

Unfortunately, we have no assurance that such is the case, and the average medical man cuts just about as heroic a figure in his present attitude as a flea defying the lightning express by sitting on a rail and shaking a leg at it.

We may, some of us, be atheists, and brag very loudly in public that we don't believe in an ultimate being; that man is essentially chemical in origin. In private I have been in great peril with other human beings, and I have observed that it was very hard to distinguish the atheist from the Christian. Deep down in every human heart is planted an "echo of the Divine"; we may not un-

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derstand it; we know not if it is planted there by education, by environment, or heredity; we may be ashamed to acknowledge the "weakness" before our fellow man; through our life we hear it at different pitches. When we have done a peculiarly humane deed there is a loud contented hum that is music to our soul. An evil deed brings a sharp staccato murmur; great peril and the presence of death brings out a volume of bass harmony that is the eternal music of life.

The pitch of our Divine echo will influence many of our actions in life; we may drown it out and not live, but simply vegetate. Its presence is seriously affected by alcohol and narcotics, as no one thing will drown out the pulsations in our soul from the dynamos of eternity as their presence in our bodies, yet we see a supposedly educated physician starting many men, women and children on a course that means oblivion.

THE PROPRIETARY EVIL.

A serious charge may be brought against the general practitioner as being the "easy mark" that has built up many business houses, with millions of dollars capital, that exist on pure fraud, not one iota of honesty ever connected with the undertaking from its very inception. In this work we have had the enthusiastic but equally ignorant support of the specialist, so that honors are even.

I wish I could solve the psychological problem involved that makes the average hard headed practitioner swallow any improbable story that may be told him by a traveling man who strolls into his office. How does a physician become so ignorant that he is willing to believe that he has a cure for an as yet incurable disease in some nostrum that is handed to him with alluring literature, which states that it is a cure for several conditions that even a first-year student with his knowledge of pathology should know is absolutely beyond human aid and always will be.

No medicine has ever been found that will replace destroyed parts lost either by accident or degeneration. Still it is a fact that many carloads of acetanilid under various fictitious names are consumed yearly upon the prescriptions of medical men who were cut out for shoemakers. How many barrels of some decoction of sandalwood have been given out under the same conditions for prostatitis, cystitis, kidney disease, etc; how many hogsheads of digestive dope containing pepsin, pancretin and all the enzymes have been foistered upon an unsuspecting public by his equally unsuspecting and ignorant family physician? Even the most rudimentary knowledge of physiological chemistry should teach any physician that the mixture is inert. How many carloads of ethical pills and tablets are being carried around by our dear public that are absolutely insoluble or contain habit-forming drugs?

As a "come on," the general practitioner is a success. To delude him into prescribing some fool thing of which he does not even suspect the composition is almost as easy as selling "green goods" to a backwoods farmer. He has an abiding, even childlike faith in any proprietary article of which he does not know the combination, and as far as I have been able to observe he has no ethical consideration of the pitiful figure he cuts in the "magic mirror."

Here we have an old practitioner who, by years of hard and faithful work, has won the esteem of many people. He is consulted for some bodily affliction by a patient who has been taking some of the numerous patent fakes to economize upon his medical bill. The patient is strongly and virtuously denounced because he has taken the patent swindle and is sent out of the office with a prescription calling for a proprietary fake of which neither he nor the doctor who gave it to him, has even the faintest knowledge of its composition. It seems

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hard to say it, but it certainly looks like a green goods game, in which a fool physician is used as the "capper."

I have often wondered if some of these physicians don't have a "Divine echo" like a pick-pocket.

Everybody except certain physicians know that eighty per cent of all sick people would recover even without the services of a skilled physician and that the great majority who consult physicians do so by reason of the abuse of some physical function, and that rest and the proper regulation of their habits will invariably be followed by restoration to health. The real function of the physician is to recognize the weakness and direct the patient along rational lines.

The administration of medicine should be given for specific purposes as we can supply necessary chemical elements that can be assimilated by the body in the process of repair. We can supply a deficient natural secretion when, by abuse, the natural organs fail in their duty; we can assist nature in removing from the body effete material that is causing demoralization among the living cells; we can regulate within certain limits the tension of the circulation and the energy of the heart so as to supply the brain with blood so each center can take care of some part of the body whose welfare depends upon its activity. We can combat the invasion of micro-organisms and neutralize or destroy their destructive properties, but we cannot, by means of drugs, open abscesses as successfully as we can with a knife. Neither can we restore a lost leg or repair a degenerated nerve or a vital organ. We may prevent the process from proceeding farther, but when we have said this we are at our limit.

Knowing this fact, why should we as physicians be known to the trade as "easy marks," if we are not found to be? Why do dishonest people persist in foisting off upon us nostrums of absolutely no value, and a fraud upon the face of it; and yet we can scarcely find a single worthless nostrum upon the market but what has received thousands of testimonials from members of a learned profession. How many million dollars have been paid out for acetanilid compounds under a fanciful name, given out in the first place by the easy going medical donkey, by the sample method and taken up by an enterprising laity and retailed all over the country?

Who is to blame for this condition except the physician who ought to know better, and do know better, but are hypnotized by the shape of a tablet, bottle or color of a nostrum, or the catchy name and could no more resist prescribing it than he could meddling with his competitor's business upon the slightest pretext.?

SUPPORT OF CURES—ALLEGED.

Who but the easy going medical donkey supports and keeps up the great number of alleged sanitariums, springs, cures, etc., in this country? They exist by the thousands throughout our broad land, for the most part owned and controlled by as dishonest a set of grafters as can be found in the world.

The great maority of these places are neither owned nor run by a member of the medical profession, but are ordinarily owned by a syndicate with a promoter at the head. The medical director is either a fiction or some old medical man who has a fine set of wheels in his cranium and has been a distinct failure in private practice. The only essential feature he must posses is a fine personality and a heavy, well-grown beard. The less he knows about medicine and the greater his knowledge of other things, the more he is liked by the management. There are several "Docs" attached to the place, who do all the real work and thinking, one usually a Swedish masseure, another a Ph. D., and the other the promoter.

These people are usually so omnipotent and authorative that it would be a

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natural inference that the patient should assume that they were physicians. Their entire patronage comes from physicians who are influenced either by their alluring literature or the rake-off that is paid. I would give a good deal to know just what process of reason leads a physician to conclude that a non-medical man with a building, a "bug" in his head, and a lot of reprints that show ignorance upon the face of it, to believe that this combination can do anything for one of his patients, that with study he could not do himself.

That any special virtue resides in spring water, or a "locoed" system of treatment remains as yet to be demonstrated. We will first have to separate the enthusiasm of the promoters, the association of kindred spirits, the rest from business worries, and the change of scene before we can grasp the real value of the treatment.

And yet practitioners will continue to send, year after year, their choicest patients to be treated by a layman rather than study their cases and do something for them himself.

Last July a patient was brought to my office by a lady physician, and told the following story:

"I have been treated by Dr. B., a well known practitioner, for four weeks. He tells me I have an attack of tic doulereaux impending and gave me this letter to a physician in Hot Springs, for a course of baths. My friend asked me to see Dr. C. (the lady physician) before going, and she insisted upon me seeing you." Examination showed a probable antrum abscess which was confirmed by a skiagraph, which showed no air in the antrum. One minute of anesthesia with gas, a quick incision into the antrum through the mouth, stopped all pain, saved her about $500.00 in cash, and two month's detention from her business.

THE SIN OF CARELESS DIAGONSIS.

The sin of careless diagnosis is the one thing that draws a sharp line between the specialist and the family physician. The former leaves no stone unturned to arrive at a correct conclusion, while the latter will put off a case for several weeks with a "guess" as the probable diagnosis. Nearly every case of disease of the rectum reports a history of having visited many practitioners and a diagnosis of piles made, and some sort of a salve given. No one ever examined them or asked to do so, and yet the family physician is frequently discouraged because a favorite patient goes to a specialist without permission and growls at this fellow and his methods rather than take a very little trouble to inform himself about his patient's condition.

NOTE—A word of apology to some of my correspondents is due, owing to the fact that I have not been able as yet to complete my plans. From the discourse of some of my associates I was led to believe we had an Association of men. Someone said "boo!" And lo! They were rabbits. Battles cannot be fought with cowards; therefore I crave more time.

(To be Continued.)

♣ ♣ ♣

Podophyllin in doses of 1-40 of a grain will aid digestion. In ten times this dose it is an efficient purgative.—Earp, Medical Monitor

♣ ♣ ♣

To properly treat diseases of the skin one must be careful and accurate in observation and analysis, in order to make an accurate diagnosis, and thoughtful and resourceful in order to recognize any possible requirements of internal and local treatment. All this is different from the hasty and careless way in which cutaneous cases are dismissed with Fowler's solution, and the local treatment which is most recently presented in medical literature or by advertisement.—L. Duncan Bulkley, in Merck's Archives.

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THE APPLICATION OF ARSENIC IN DISEASED CONDITIONS

By C. W. Canan, M. D., B. S., Ph. D.,
Orkney Springs, Va.

It will be remembered that our first paper dealt with the chemical and physiological action of arsenious acid when administered in too large a dose or when given for a long time. We have shown in that paper how it was absorbed in the form of arsenites by the entero-hepatic circulation and how it was carried up to the liver—the first glandular organ in the circulatory line. And how, when they reach the liver, the hepatic cells pick up the arsenical molecules from the blood and cast them out with the bile, to be eliminated as an excretory product. We also demonstrated how, if the quantity was too large how these same liver cells became weakened with their fight to prevent poisonous quantities from entering the circulation and the general system, and that retrograde changes may absolutely damage the function of that organ.

With these facts before us we believe we are better prepared to prescribe arsenic and its compounds that the very best results may be obtained.

Arsenious acid, in small quantities, stimulates the hepatic cells to increased secretory as well as excretory activity, without doing the liver any damage whatever. Under the proper administration of this remedy, more nutritive pabulum is taken up into the liver cells and a more perfect nutritive interchange is established, which process secondarily enhances the accumulation of tissue throughout the whole animal economy. When this has been accomplished, diseased processes all through the system are in part or completely removed, and more or less of a new normal or healthy activity is brought to all parts of the body. In this respect, arsenic and its compounds are truly alterative in their action. The physician should remember that the purpose for which arsenic is used in medicine the remedy must be administered continuously for days, weeks or months, and that in so doing the dose should be so adusted that no obvious disturbance is set up. These disturbances, which are the beginning of poisoning, should be avoided if possible. The first warning of such a condition is seen in the conjunctiva. It becomes irritated, the eye becomes suffused and smarting and the lower lids puffy from oedema. The second danger signal is shown by the stomach. The appetite becomes a failure, and soreness and a sensation of weight develops in the epigastric region. In some individuals the gastric symptoms precede the conjunctivitis. If the case demands that the drug be pushed these symptoms should be carefully watched for and the drug reduced in dose or withdrawn on the first indication of these warnings.

The therapeutic value of arsenic on the economy is first noticed in the improvement in nutrition. Even in the healthy, carefully graduated dosage it tends to improve general nutrition; the individual takes on flesh, the skin being especially glossy and smooth. Because of its power to increase nutrition it is a remedy of value in progressive pernicious anaemia. In this disease, where iron absolutely fails, this remedy often proves of great benefit. We know of no remedy more likely to do good in this disease than arsenic if properly administered.

It often becomes our main reliance in treating scaly skin diseases. This is especially true of those diseases that affect the epidermis. Psoriasis is a typical disease of this kind and arsenic is the standard remedy in its treatment. In the beginning of the treatment the trouble often gets worse, but do not be discouraged; improvement will soon follow. Arsenic should never be prescribed during the inflammatory stage of the disease, but when used it should be con-

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tinued for weeks or even months after an apparent cure.

The nervous phenomena that are associated with the various neuroses are often controlled by the administration of arsenic. These are pain, spasm and undue reflex excitability. Gastric irritability in many forms are benefited by its use, especially in idiopathic dyspepsia, or in the irritation attending the chronic gastritis of drunkards. In ulcer or cancer of the stomach, arsenic is often of considerable benefit, and is especially efficacious when the nervous disturbance is disproportionately great to the extent of the lesion.

Neuroses of the respiratory organs are often benefited by a long course of arsenic. That form of asthma that is neurotic in character can be greatly benefited by its use. Its beneficial effects are much more pronounced in this form of the disease than it is where the symptoms are secondary to bronchitis, emphysema, or disease of the heart. It has also been found of value in acute coryza, the paroxysms of sneezing being promptly relieved by it unless due to the inhalations of pollen, true hay fever. All physicians know of its value in chorea, therefore it needs no discussion here. Neuralgias that have a tendency to recur periodically are often benefited by arsenic. The author has had most excellent results from its administration in dysmenorrhoea, in patients who were very much run down and anaemic. Neuroses, like angina pectoris, and epilepsy, are sometimes benefited by a course of arsenic.

Malarial Disorders. In malarial troubles we have in arsenic a true and tried remedy. In a broad sense it is inferior to the cinchona salts, yet in old chronic cases and especially in intermittents, tertian and quartan rather than quotidian type, it has often produced a cure where quinine has absolutely failed. We have seen this demonstrated to our own satisfaction. It is a remedy well worth a trial in old chronic growths and ulcers. We have seen chronic ulcers of the lower limb in a patient poorly nourished and very anaemic heal kindly after the patient had taken arsenic for six or eight weeks We have also seen chronic middle ear troubles in delicate children respond nicely to a course of arsenic.

The preparation known as liquor arsenii et hydrargyri iodidi, is valuable in many chronic conditions where it is desired to secure the alterative effect of mercury and iodine in combination with the arsenic. This special combination is indicated in chronic rheumatism, especially the gonorrheal form. It has also been prescribed with success in chronic forms of iritis due to either rheumatism, gonorrhea or syphilis. The various neuroses, especially those depending on constitutional syphilis as their cause are often benefited by this special combination.

In all sluggish conditions of the system a certain amount of the arsenical compounds can usefully pass through the liver and be then distributed throughout the system. When this occurs, arsenic acts like all inorganic substances stimulating every particle of protoplasm with which it comes in contact, thus exciting the sluggish and slowly acting cells to a more rapid interchange of nutritive pabulum. This, together with the enhanced hepatic and generally augmented glandular activity, all through the system, causes a rapid dispersion of many forms of pathological processes, and quickly or slowly converts them into normal conditions. Secretion, excretion, the appetite, and every function of the body related to nutrition, are preceptibly improved, but to accomplish this end the dose must be carefully guarded, and a well regulated diet must be enforced. In this way arsenic and its compounds will have a beneficial influence on respiration, relieve dyspnoea and other respiratory phenomena. The circulatory system is also benefited thereby.

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SINGLE PRINCIPLE THERAPY

By James Burke, M. D., Manitowoc, Wisconsin.

Fever is the physical expression of the presence of a surplus of incomplete nerve waste in solution in the blood, and the surplus is generally caused by the previous existence in the blood stream of a chemically affinitive cognate substance. The latter catalyzes, or chemically worries the living nerve structure in its natural role of securing a chemical affinitive, union with which to saturate the disturbing toxin. In the natural course the catalysis extends beyond the needs of neutralization and the consequence is the surplus causing the fever.

Sajous has demonstrated that the pituitary body (brain tissue to the weight of from five to ten grains) governs the vegetative functions of the body, including the body's immunizing power. This body, by its natural function, detects the presence in the blood stream of any substance inimical to the health of the tissues and, through nerve connection excites the adrenals and thyroid to increased production; by the former of adrenoxidase, composing ninety-four per cent of the hemoglobin and the life principle, in general of all the cells; by the latter, of thyroidase opsonins.

The plan of cellular defense also includes the numerous production, and health of the leucocytes; the leucocytes are energized by the requisite quantity of adrenoxidase. Hemoglobin is the carrier of oxygen to the tissues, hence the importance of the activity of the adrenals.

The properly fed leucocytes are supplied by the pancreas with the necessary trypsin; in their environment this enables them to convert bacteria and certain food. and also toxic substances into living granulation pabulum, normally convertible into organized tissue. But this immunizing power of the body is supplemented by the vegetable alkaloids and other active medicinal principles, and also by certain of the alkalies from the mineral kingdom, as calcium salts, sodium salts, which act in sustaining the alkalinity of the blood in disease.

The alkaloids perform a double function in diseased conditions; first, by their alkaline reaction, they assist in keeping up the normal reaction of the blood; secondly, they combine chemically with the abnormal amino acids in the blood as the complement of the bad digestion of proteid food, and thereby convert the acid toxins into normal excretory products, which become incitants to excretion. The active vegetable principles should be given in the isolated form in frequently repeated doses till symptoms show that disturbing toxin is about completely saturated. Any of these principles should never be given till a poisonous effect is manifested, except in emergencies, to arouse the immunizing power to therapeutic action.

Therefore, from the empirical use of aconitine and veratrine in fevers we learn that they are antagonistic to the dominant disturbing toxins causing fever; or in similarly meaning words, aconitine and veratrine are by common medical consent chemically affinitive for the dominant disturbing toxins in most fevers.

The coal tar fever killers do the therapeutic act by destruction of the erythrocytes and some other useful living proteid entities, when the immunizing power of the body in its manner of disposal of the debris, reverts and synthesizes it into substances affinitive for the dominant disturbing toxin. Early use of active principles obviates the otherwise excessive tax on the healing powers of the body; a too strenuous demand on the vis medicatrix naturae line leads to debilitating and disastrous results in cases of grave disease conditions.

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By the neutralization of toxins we tone up function and tissues. Single principles are given for single toxins.

DISEASES OF CHILDREN

By M. A. Blanton, B. S., M. D., Baileyton, Tenn.

LOBAR PNEUMONIA IN CHILDREN.

We have had a very great number of cases, this spring, of lobar pneumonia in children. Our authors tell us that lobar pneumonia attacks the robust, usually, and in the prime of life. We also learn from our authorities that it most generally occurs as a primary disease. However, the present endemic is an exception to both these rules. We find it here following pertussis and influenza. Invariably has it occurred secondarily to these diseases and makes its appearance on the sixth to ninth day of the primary disease. While quite a number of these cases have been very severe we have had no fatalities so far.

We shall cite one case in full. This was a very interesting case, peculiar in some particulars to us. Son of Mr. W. took influenza on January 2, 1908; nothing unusual for six days. On the morning of the 8th—sixth day of the influenza, he had a violent chill. Following this chill was a well developed case of lobar pneumonia, the lower lobe of the left lung being the seat of the lesion. The case moved on uneventfully for seven days. On the morning of the eighth day of his pneumonia, while we were beginning to look for the crisis, a second chill occurred which was accompanied by the involvement of the entire right lung. On the ninth day resolution seemed to take place in the left lung. The boy's temperature, however, ran up to 105° F., and continued so for four days in spite of all treatment. On the day following the temperature suddenly fell to 96° F. At this time our little patient was completely paralyzed. He became entirely unconscious, the feces, urine, etc., being involuntarily voided, the boy up to this time being perfectly rational. The temperature remained normal, the pulse and respirations practically so all through this paralytic stage. The boy remained in this condition, swallowing anything put to his mouth, without an expression even, for three weeks. Pupils were completely dilated throughout this stage so much so that one couldn't tell that he had ever had an iris, the colored curtain being entirely obliterated.

At the end of three weeks the boy began to improve but he had to learn to talk and walk the same as if he had never done either, and while learning to talk he would attempt to say one thing and say something else. He would want water and call for milk, and vice versa. A complete recovery.

I forgot to say in the beginning that this patient's age was four years, and that he comes with a clear family history.

My treatment of these cases has been as symptoms demand. Generally in the onset of the pneumonic process the little patient's were given one-tenth grain of calomel every two hours until effect. This was followed by tartar emetic and aconitine in doses according to age, and repeated as the severity of the case seemed to demand. After the stages of congestion and consolidation were passed, stimulating expectorants were given if the little patient was old enough to expectorate; alteratives if not. Will say right here that my preference is emetine as an expectorant in all conditions demanding the action of such drugs. As previously stated, these attacks were secondary and frequently preceded by pertussis. Where this was the case a troublesome cough would frequently follow the winding up of the pneumonia process. For this, nothing acted better than creo-terpin comp.

In closing this article we will add the rules for computing the doses for

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children. Young's rule is the most popular and consists in multiplying the adult dose by the age of the child and dividing this by its age, plus twelve.

Clark's rule is to multiply the adult dose by the age of the child and divide by 150 pounds—the average adult weight. This is the most rational in my judgment.

Cowling's rule is to multiply the adult dose by the age of the child at its next birthday and divide this by twenty-four.

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Not Doctoring Much. A sickly looking man came into the office of a village physician and said that he wasn't feeling very smart and wanted something to "kinder straighten him out." After he had described his symptoms, which did not indicate anything at all serious, the physician asked him if he had been taking anything for his troubles. "Well no,; at least, none to speak of," was the reply. "I heard that the extract of dandeline was good for troubles like mine, so I took three pints of that, but it didn't seem to do much good. Then I got me two bottles of Smith's Healing compound and a box of Green's sure cure pills and took 'em, and I kinder think they helped me some." "Did you take anything else?" asked the physician. "Yes,; my wife fixed me up a mess of pokeberry and calamus and mullen and rue and boneset and tansy, and a few other yarbs, and I took that for a while, until one of my neighbors sent me over something he'd bought the receipt of from a gipsy woman. Then I didn't feel so well, so I changed off to some stuff I bought of a peddler, and a little quinine twice a day. I ain't taking anything now but a little of the elixir of a hundred roots and some bitters. I ain't gaining very fast, so I thought I'd come in and see if you thought I needed anything else."—Medical Times and Hospital Gazette.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

THE GRAB BAG

By William F. Waugh, M. D., Chicago, Illinois.

Exophthalmic Goiter. Hyoscine and picrotoxin given for long periods have afforded good results.

Queer, how a jealous woman will go to endless pains, in order to find out the things which she wants to know the least of anything on the face of this earth!

Northrup, in the Critic and Guide, suggests that instead of modifying the milk we should seek to modify the baby. His prescription calls for, first of all, nerve rest and open air. An exceedingly good idea.

After having abused us to their hearts' content for having the effrontery to claim that pneumonia could be aborted, our adversaries now turn around and say: "Why sure! Anybody can do that!"

In Ellingwood's Therapeutist, Cowles strongly advises small doses of cocculus indicus for sea or car-sickness. It would do well to try a few granules of the active principle, picrotoxin, in this troublesome affection.

Eleven of the Chicago medical colleges have on their roll five hundred professors and four hundred and sixty-two assistants. If you wish to be complimentary, you are pretty safe in addressing any Chicago doctor as Professor.

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In the American Practitioner and News, Bowman says he prefers berberis aquifolium to all other drugs in acne. This plant is rich in berberine, which contracts relaxed connective tissue, hence its value in acne.

The New York State Journal of Medicine published in full the address of Dr. A. Jacobi, read before the Medical Society of the State of New York, in January. The reader will find in this address much food for thought.

A scientist connected with the Bureau of Plant Industry has made the important discovery that the toxic action of the plants causing the loco, disease in cattle in the west, is due to barium contained by these plants, taken in minute quantities for a long period.

In Therapeutic Medicine for January, Morrison reports a remarkable case of exophthalmic goiter, which seemed to be induced by subluxation of the cervical vertebrae, relieved promptly by restoration of the dislocated bones. The case is too interesting to be abstracted.

Northwest Medicine reports the death of a man immediately after receiving an injection of antitoxin, administered in the treatment of asthma. He died immediately after receiving two thousand units. Autopsy showed death to be due to edema of the lungs and acute congestion of the kidneys.

The Association of American Medical colleges expects the students to master the art of therapeutics in ninety hours, out of a total of four thousand hours devoted to the entire medical curriculum. This is exactly the same time which is allotted to histology, embryology, or clinical microscopy.

Worster, in the Medical Record, says that not heart failure, but collapse of the capillary blood-vessels due to paresis of their walls, in cases in which the walls remain distended and flattened out, is the real cause of sudden death in pneumonia. This is a result of toxemia poisoning the medullary nerve centers.

In Albright's Office Practitioner, S. D. Sour describes an interesting case of cystitis. The treatment was hyoscyamine, aconitine and oil of gaultheria, with morphine to induce sleep. Sandal oil was substituted for the gaultheria after the third day with satisfactory results from the treatment as an entity.

The Homeopathic Recorder, published by Boericke and Tafel, the supply house for homeopathic remedies, finds nothing but commercialism in the alkaloidal propaganda. Other homeopathic journals not dominated by trade influence have only kind words for the alkaloids. Take off your green spectacles and the world will not seem all green to you.

The Medical Monitor suggests that the physician may learn a lesson from the fact that successful patent medicines usually contain purgatives or other eliminants. "When the bowels are unloaded the human water-closet is abandoned. Relief is considered a cure. Symptoms disappear which may have been attributed to organic lesions, which, however, did not exist."

Ellingwood mentions a case in which a medicated wax bougie was introduced into the urethra and escaped into the bladder, where it acted as a foreign body and induced irritation. The doctor injected fifteen cc. of benzine into the bladder, where it was kept forty to forty-five minutes. A larger quantity was then injected and the whole evacuated. No vesical irritation remained.

In the Northwestern Lancet, Dr. F. E. Walker contributes an interesting and important paper upon "Appendicealgia." Out of three hundred operations upon patients suffering from the appendix, thirty-four cases were classified under this title. We note that Dr. Walker is about to put in a twenty-five tent colony for tuberculosis, a few miles from his home at Hot Springs, S. Dak.

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Where prostration is marked after long illness, or where the patient has never taken to bed, but is run down from over-work, or been in a semi-invalid state for a long time on the border line between the bed and work, the triple arsenates with nuclein have given me very good results. They are also followed by good results in cases of sexual neurasthenia as an aphrodisiac.—McKee, New England Medical Monthly.

The St. Louis Medical Review for January appears in its new dress, quite artistic, under the editorial supervision of a Board of fourteen medical men. We are quite favorably impressed with the contents of this first issue under the new management. Curiously significant is one editorial, in which the writer evidently feels it necessary to apologize for his confessed therapeutic nihilism. He certainly does not seem as proud of it as he would have been a few years ago.

Dr. Chas. L. Taylor, of the Medical World, has treated us very badly indeed and we desire to enter a protest. We have before use No. 1, Vol. 10, of his Equity Series, published quarterly at fifty cents a year. Now, why did he not tell us ten years ago, or sometime during these ten years, that he was publishing this interesting series, thereby giving us a chance to obtain what we find to be a very interesting publication indeed, one which we believe few physicians would fail to likewise find interesting?

Sawyer, in the Lancet-Clinic, criticises Osler's most recent outburst. He says: "His wholesale denunciation of the list of remedies contained in the pharmacopeia is unwarranted, unless he has given those remedies a trial and found them to be of no value, for the purposes therein recommended. Otherwise it is merely jumping at a conclusion and stating it as a fact. Huxley truly said: 'An opinion which outstrips evidence is not only a blunder, but a crime. What we need in such cases are facts, not fancies; truth, not twaddle.'"

In the American Druggist, A. B. Lawrence has this to say concerning the assay of aconite: "The utter fallaciousness of chemical tests when applied to galenical preparations of aconite was universally recognized. In spite of all this the committee of revision made official the chemical assay of this, not only for the drug aconite, but for the fluid extract and the tincture of the drug, refusing to recognize in any way the physiological test. That the present assay of aconite is fallacious can be easily demonstrated." The conclusions are obvious.

The Lancet for March 7, gives some notes of a case of poisoning by gelsemium with criminal instinct and fatal results. The patient is described as rolling about on his bed in great pain, rolling off on the floor; the muscles all at work, twitching and contracting, the face distorted. Death occurred about three hours after the administration of the poison. In a non-fatal case occurring at the same time, the patient was in a dazed condition, almost unconscious, perspiring very freely, muscles twitching, face distorted, eyes very full and pupils dilated.

Two jays were said to have been seen in the city of Chicago about the middle of February. We are quite certain that they were real jays, otherwise why should they have come north in such weather as this, leaving the sunny south with its violets and roses, and coming here just in time to encounter the heaviest snow fall the city has seen in twenty-five years? We have always taken it for granted that birds and beasts had a weather bureau so efficient that on prognostics they could give us cards and spades and still sweep the table. But we commence to doubt now whether our far-removed cousins are always infallible in this respect.

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PURIFIED OX-GALL

Recently I made a large amount of inquiry concerning purified ox-gall. Here is a letter from reliable authority that answers several questions:

"We take pleasure in replying to your letter in which you ask questions concerning purified ox-gall.

"Ox-gall, in powder, is freely compatible with drugs or chemicals in dry powder and those mixed can and should be dispensed in capsules. To this class for instance, belong calomel, podophyllin, powdered extract hyoscyamus, pancreatin, sodium bicarbonate, strychnia, salts, powdered extract nux vomica, reduced iron, arsenic acid, quinine salts, acetanilid, phenacetin, santonin, and powdered capsicum. Pepsin is not used in combination with ox-gall, the alkalinity of the latter destroying the ferment.

"Chemicals with a large amount of water of crystallization would give up a part of the water to the very hygroscopic powder ox-gall, thus forming a pill mass that could be dispensed in capsules. The sulpho-carbolates and iron sulphate are in this class.

"The official ox-gall, however, is an extract form that is of a pilular consistency. All the drugs mentioned above could more or less readily be worked up into a pill mass with the official ox-gall and dispensed in capsules. The oil of horsemint, liquid guaiacol and phenol could, with the aid of an absorbent powdered licorice or marsh mellow roots, be made up into a pill mass with the officinal ox-gall.

"Ox-gall, owing to its intense bitterness, is never dispensed in solution. From its solution, dilute hydrochloric acid would precipitate the less soluble bile acids, zinc, iron, quinine and strychnia more or less insoluble combinations of these substances with the biliary acids.

"Ox-gall is a cholagogue and indirectly acts as a laxative. It is never prescribed in powder or in solution, always in tablets or capsules. It is freely soluble in water and alcohol, insoluble in ether, chloroform, etc. Water and alcohol do not injure its therapeutic action.

"Purified ox-gall of the U. S. pharmacopoeia, consists chiefly of the sodium salts of glycocholic and taurocholic acids with bile pigment, cholestrin, etc.

"The chemical formula of glycocholic acid, $C_{26}H_{43}NO_6$ of taurocholic acid $C_{26}H_{45}NSO_7$. The former is a combination of cholalic acid and glycin—the latter of cholalic acid and taurin.

"We do not know of any data upon which we can make any statement as to the quantity of ox-gall which represents a definite amount of the bile salts—sodium glycocholate. The bile salts, sodium glycocholate and taurocholate, are comparatively little used. The dose ranges all the way from one to two or three grains. We have taken a special interest ourselves, by the way, in these salts recently. We should judge that they are better tolerated than the purified ox-gall and furthermore it naturally appeals in the line of scientific progress in medicine to use definite substance derived from crude products where we do not know that the crude product itself contains some special or peculiar therapeutic property in contrast to the alkaloidal, etc.

"Carefully prepared ox-gall, we believe to be non-toxic. Ox-gall that has undergone putrefactive change should not be used.

"Ox-gall, official in the extract form, is a stable body, light, air and time have no effect upon it. The powder is very hygroscopic and must be kept in well stoppered bottles. Solutions of ox-gall in water become putrid very promptly.

"Ox-gall has no irritant effect on the skin to our knowledge. In medicinal doses it is well tolerated by the stomach. Therapeutically, ox-gall and sodium glycocholate are not different."

Another letter reads as follows:

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"Purified ox-gall is said to be tonic and laxative. It is generally prescribed in tablet form and if the tablet is chocolate coated it usually keeps in all climates, especially if the bottle be kept properly corked.

"It absorbs moisture readily, however, and should be kept as free from dampness as possible. It does not appear to deteriorate with age."

Another writes:

"You ask: 'How is purified ox-gall generally prescribed—in powder, tablets, capsules or in solution?' It is best prescribed in tablet form and the tablets should of course be coated.

"Your next question is: 'What is the chemical formula?' There is no chemical formula. Ox-gall is just what the name implies—the gall of the ox. It consequently is an organic compound and if you should kill six oxens and examine the gall of each you would probably find that no two would be found to be strictly identical from a strictly chemical sense. So far as we are aware, it is non-toxic; there is no occasion for an antidote."

Another writes:

"In response to your favor of recent rate in reference to ox-gall or fel bovis purificatum, we are unable to say when this was introduced to the profession.

"It is tolerated by the stomach and is soluble, one part of purified ox-gall to one hundred parts of water. It is also soluble in alcohol.

"An aqueous solution of purified ox-gall should be clear and remain transparent upon the addition of an equal volume of alcohol (evidence of proper purification).

"Average dose—0.500 milligrammes. (7½ grains).

"We should judge that the addition of water or alcohol would not injure its therapeutic action, however, would not wish to state so positively."

Another writes:

"There is very little difference between purified ox-gall and sodium glycocholate. The latter being a preparation which is a little purer article than ox-gall as directed by the German Phar. of 1872. The average dose of ox-gall is seven and one-half to ten grains In so much that the two preparations you mention are similar, there is no difference in the physiological action."

Under the head of "Management After Operations," in Surgical Therapeutics, Dr. Lanphear says:

"Ox-gall enemeta. This excellent injection so often used after abdominal section is made thus:

℞

Inspissated ox-gall .....ʒij.
Glycerin .....℥j.
Warm water .....ʒv.

To this may be added when there is need for early escape of gas, one-half ounce oil of turpentine. It is to be thrown well up into the sigmoid when possible."

Ox-gall does not have much influence except upon the liver, but as this is a very important organ in various disease conditions it makes ox-gall a valuable remedy. Ox-gall is not a direct purgative, but may cause freer actions of the bowels. It is a very important remedy in cases of indigestion where the patient does not digest fats well. It is a very important remedy in cases of chronic constipation where the cause depends upon deficient secretion of bile. There are many other conditions in which ox-gall is of value and it should have a wider range of use.

J. A. Burnett, M. D.
Auburn, Arkansas.

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Pain is an unmitigated evil, but is the surest indication of unseen wrong in the human economy, and in many cases is its voice of warning that there is danger somewhere, and the cry should not be hushed by opiates and anodynes, but attended to with all promptness.—M. G. Price, Therapeutic Record.

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THE OLD TIME REMEDIES

In this day of rapidly increasing pharmaceuticals which are so elegant and easy to dispense we should not forget our allies—the old fashioned remedies. Many of these crude agents of our fathers have as much or greater therapeutic worth than many of the newer synthetics and derivatives. Elegance and palatability are often gained by a sacrifice in therapeutic value. Let us not discard all the homely old remedies for the presentable looking ready-to-dispense preparations.

For example, could there be "made in Germany" a more dependable and benign baby cathartic than castor oil or senna tea? Castor oil for adults has about as good curative properties as anything we have in materia medica. Chronic headache and neuralgia and many ailments of long standing have been permanently eradicated by a course of castor oil.

Epsom salts is another old stand-by whose possibilities are far-reaching. It is being used more the last few years than formerly, owing to the fact that a good deal of literature concerning its real worth has been published of late. The autoinfection so common these days might all be removed or prevented entirely by the use of a little of this drug daily in generous libations of aqua pura.

Turpentine is one of the best things in the materia medica. Few drugs, if any, excel it as an intestinal antiseptic. Locally, it is a dependable bactericide. Internally, it is a reliable respiratory stimulant, although it is not often used for this purpose. I think I could use up five thousand words and not tell all the uses of this old drug.

Tar, from the pine tree, is a nasty thing, but in many stubborn cases of eczema it is one of the most curative agents we have. It is also one of our best remedies for pruritus ani as well as possessing many other therapeutic indications.

Sulphur is another. Potter says if it were a dollar an ounce instead of ten cents a pound, more of it would be used. Sulphur has many uses when given as an internal remedy or when used locally. The worst that may be said of it is its cheapness.

Cream of tartar is an old alleged blood purifier, one time very popular. With jalap powder it makes an excellent eliminative agent in biliousness and oedematous conditions.

A great many of the homely and despised remedies are useful, especially in emergency, when better things can not be obtained. Among these we may mention kerosene, onion juice, lemon juice, salt water, baking soda, ammonia, clay and last but not least, hot water.

W. T. MARRS, M. D.
Peoria Heights, Ill.

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An efficient treatment which I have never seen mentioned in a text book or medical journal for after pains is to let the woman sit up a few minutes. This causes expulsion of clot and pain ceases.

Dr. Burdick's last article ought to be put in pamphlet form and distributed to all churches. I know what he says is true.

Your journal ought to be in every physician's office.

H. SCHMIDT, M. D.
Beaver Creek, Ill.

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Quinine in doses of three grains considerably increases the phagocytic power of the leucocytes. Overdose decreases its activity. Hare claims that alcohol in moderate quantities increases the bastericidal properties of blood serum. By moderate quantities, he means what alcohol would be represented by eight ounces of whisky daily. —Therapeutic Gazette.

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RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

ALIMENTARY INTOXICATION IN INFANTS.

Important advances have been made during late yeras in the finer differentiation of diseases which formerly were grouped under one name and considered as identical. We know now that certain gastro-enteric diseases of infants are infections and certain bacilli are accepted as etiological factors in certain forms of ileocolitis. There is another large class of digestive disturbances which present the clinical symptoms of poisoning. The poisons themselves have as yet not been isolated.

A healthy infant fed on a reasonable amount of suitable milk gains in weight steadily, shows only slight variations in temperature from the normal, possesses a strong resistance to infections and the various organs of the body perform their functions properly. Such an infant is able to withstand for a considerable length of time quite material variations in the quality and quantity of his food.

Under the influence of a digestive disturbance from any cause whatever, the tolerance to quality or quantity of food is lost: first, that for fat, then that for sugar until, at last, all ingredients of the milk seem to act as irritants. Then pathological symptoms follow the ingestion of any milk mixture. Finally toxic symptoms arise which may quickly carry off the patient.

Severe types of indigestion are so generally preceded by milder forms that Finkelstein declares that all forms of indigestion are only different stages of the same disease. He recognizes four stages:

1. The stage of stationary weight. Although the milk appears adequate in quantity and composition the infant does not gain in weight as it should, perhaps even loses a little.

2. The dyspeptic stage, characterized by stools which show that the food is not properly assimilated.

3. The stage of decomposition or putrefaction during which the odor changes to an offensive stench.

4. The stage of alimentary intoxication. This presents a large group of symptoms, impairment of consciousness, change in the type of respiration, alimentary, glycosuria, fever, collapse, vomiting and diarrhoea, albuminuria, loss of weight, leucocytosis. They have been given in the order of their importance. The first three are the most characteristic, but they may vary in intensity.

Loss of consciousness may be slight, the infant lying with the eyes closed or partly open, the eyes sunken and an appearance of distress on the face. Sometimes there is delirium and even convulsions. The respirations are regular, but much deeper and more rapid than normal. When a child shows this symptom with a very moderate temperature the physician should always suspect alimentary intoxication.

The glycosuria is a striking symptom. As a rule lactose and not glucose is found. Alimentary intoxication may occur in the course of acute infectious diseases, such as pneumonia, dysentery, meningitis, and is likely to prove then a fatal complication.

Of great practical importance is the observation that the giving of large amounts of carbohydrates to an infant suffering from digestive disturbance will precipitate alimentary intoxication. Fat may do it also, but in a less degree. Dr. Zahorsky, who presented the subject

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to the St. Louis Medical Society, corroborates the observation and gives in his paper some instructive examples from his own practice.

The nature of the condition may be as Finkelstein believes, a disturbance of metabolism with the formation of toxic products, or an intoxication from bacterial products in the intestine. Whatever its explanation, it is an important clinical entity and deserves recognition.

Fortunately, the condition responds readily to proper management. The little patients improve rapidly on starvation and water, barely water or weak tea with little or no sugar added. By way of prophylaxis it is to be remembered that carbohydrates are a causative factor and the giving of large quantities of sugar to infants ought to be avoided.

CONSTIPATION OF INFANTS.

Several useful hints may be found in the following partial abstract of an article by Cantley, in the Clinical Journal:

First of all, relieve the retention of feces and, secondly, try to cure the habit. In the simplest cases in breast-fed infants all that is necessary is attention to the diet and habits of life of the mother. The quantity of milk can be increased by a liberal supply of fluid tonics, etc; the percentage of fat in the mother's milk by a liberal diet with an excess of proteids and by prolonging the intervals between feedings. There must be plenty of exercise, otherwise the percentage of proteids in the milk is also increased. For a bottle-fed infant a suitable milk mixture with a high proportion of fat should be provided. Water should be given freely between meals. The editor of the Rundschau wishes to call special attention to the last point and testify to the excellent results he has frequently obtained in his own practice in constipation, not only of children, but also of adults, by insisting on the drinking of water. Mothers and nurses are too apt to neglect it.

The habit of evacuation at the same hour daily must be taught to infants. At first it may be necessary to stimulate the action of the bowels by the introduction of the oiled tip of the finger, the nozzle of a syringe, or a soap suppository into the rectum. Peristalsis can be encouraged by abdominal massage along the colon in a circle around the umbilicus for five or ten minutes two or three times a day. During the first year the palm of a warm hand may be applied along the course of the large intestine from the cecum to the sigmoid flexure. If immediate relief is needed, from one-half to an ounce of water should be injected into the rectum. After the age of two years medicated suppositories may be used The continued use of suppositories or injections is not advisable, for it may set up catarrh of the rectum.

Internal medication is often necessary but should be restricted to chronic and severe cases. Drastic purges are to be avoided. The usual dose of castor oil merely empties the bowel temporarily and is followed by recurrence of the constipation. For hard fecal masses an injection of warm olive oil, from one drachm to half an ounce, should be given and followed in a few hours by an enema of one to six ounces of soap and water or salt solution. Older infants may have an injection of oil of turpentine one drachm, olive oil two drachms, and the yolk of one egg, well mixed and added, with constant stirring, to four ounces of warm water. Injections must be given gently and slowly, and stopped at once if pain is produced. Mechanical aids, such as a scoop or a teaspoon, must only be used by a medical man.

QUININE AS AN OXYTOXIC.-

The writer wishes again to put on record his inability to obtain any effect whatsoever upon uterine contractions by the use of quinine. The drug was tried by him repeatedly and thoroughly, as he thinks, during labor in vary-

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ing dosage, as again and again commendatory notices appeared in medical journals. He is led to the declaration by the statement repeated by Dr. Wm. F. Waugh, on page 90 of the March number of The Recorder, that quinine not only increases uterine contractions during labor, but sometimes sets them going. Does the belief in this power of quinine belong to the class of therapeutic self-deceptions which are not allowed to die out?

POLITICAL.

It may be a little early to take sides on the presidential contest, but the following from the Journal of the Indiana State Medical Association is timely: "'Uncle Joe' Cannon is gloating over the fact that he was re-elected speaker of the House in the face of opposition from the labor organizations. If he secures the presidential nomination perhaps he will regret that he has unnecessarily antagonized labor organizations as he may also regret the insults he has offered the medical profession. The members of the legislative committee of the A. M. A., who called on him last year, all his peers in culture and refinement, will not soon forget the discourteous reception at his hands, his uncouth manners, and the sneering way in which he referred to the medical profession in general, and it is not likely that medical men as a class will be found shouting his praises or sacrificing their self-respect by voting to further his ambitions. It is time for medical men to look beyond party politics when exercising the right of suffrage, and if they do, Cannon and his like will receive the rebuke they justly deserve for the medical profession can be a power in politics."

It might be well to remember this, although at present the speaker seems a negligible quantity as a presidential possibility.

ANESTHESIA.

One of the important points in anesthesia, which is not infrequently forgotten, is to determine before its induction whether the patient can breathe freely through his nostrils, says the International Journal of Surgery. Nasal obstruction will prove more or less of a barrier to efficient anesthetization, and under these circumstances it may be advisable to let the patient inhale the anesthetic by way of the mouth, this being facilitated by placing a prop between the teeth.

WHAT OTHERS SAY

In America new knowledge is applied to a lamentably small extent.—Wm. H. Welsh, New York State Journal of Medicine.

If any one doubts the efficiency of the magnesium sulphate, I advise him to use it when he is feeling bad and knocked out.—W. T. Groves.

Beates says that half the physicians nowadays do not know how to write a prescription, and adds: "I admire the temerity of the pharmacists who try to mix them."—Pharm. Era.

Next to the use of specific drugs in their special diseases, there is nothing of greater importance than the use of aconite in acute affections characterized by fever.—Elliott, Boston Medical and Surgical Journal.

Pneumonia. Very severe headache may call for an ice bag or ice cold compresses. If the patient be feeble, small doses of strychnine must be given. The arsenate is very readily assimilated; 1-67 of a grain can be given every hour. —Martinetti, Southern Clinic.

In man the red corpuscles are increased in number by phosphorus, while the white are diminished. Considerable clinical evidence tends to show an improved nutrition of both nerve cells and conducting fibers similar to the effect of therapeutic doses of the arsenates.—Muirhead, Western Medical Review.

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RUMEX

In the Journal of Therapeutics, Forbush contributes an interesting study of Rumex. He calls attention to the notable quantity of organic iron contained in the plant. This confirms and explains the repute in which rumex has been held, as an agent capable of increasing both the red corpuscles and the hemoglobin, as well as strengthening both the nutritive processes. The organic iron in loose combination is not irritating to the alimentary mucous membrane, nor does it produce headache or constipation, or injure the teeth. Its effects resemble closely those of iron phosphate, to which, however, it is superior.

Forbush recommends rumex in the anemias of early life, especially when following acute diseases. Its influence in these cases is very marked. It may be given with impunity to the youngest infant. By adding solution of iron to the soil, the proportion taken up by the plant is greatly increased until iron forms one and one-half per cent of the dry plant.

He recommends rumex especially in anemias with impaired digestion, in melancholia dependent on cerebral anemia, with diminished phosphorus, and when excessive activity of the brain is followed by the excretion of an excess of this element, with diminution of mental capacity.

In epilepsy rumex is valuable where there is anemia resulting from prolonged use of the bromides; also in anemia associated with neurasthenia and rheumatism. Here it may be given for long periods without deleterious effects.

The gastric condition for which rumex is suggested is atony beginning with hyperstimulation, with loss of appetite, and sense of fulness after eating; also in dyspeptic hunger with burning in the stomach. Rumex is useful in ulcerative stomatitis, and according to Ellingwood, in ulcer of the stomach with lack of tone. Poisoning of the nerve centers by self-generated toxins is a distinctive call for rumex.

It is a very valuable remedy in diarrhea and dysentery, and has cured obstinate cases of morning diarrhea with scanty evacuations, bloody, often offensive, colicky pains before and after stools, sinking at the stomach, fetid breath, sweat and urine; the discharges frequent before noon In asthenic intestinal maladies and the diarrhea of phthisis rumex acts somewhat like rhubarb. It is very serviceable in the dysentery of the aged, even when apparently hopeless. In early congestive albuminuria rumex may repair the mischief and restore the renal apparatus to normal action, giving tone to the renal

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parenchyma and the uropoietic tubules. It also exerts some power over neuroses. In chronic interstitial nephritis, rumex covers the indication calling for iron, without the objectionable feature of locking up secretions. It is also valuable in menstrual irregularities dependent on anemia of the ovaries, amenorrhea, vicarious menstruation, etc., especially in anemia occurring in puberty with nervous symptoms. In fetid, virulent leucorrhea, and when the menstrual discharge is very acid and offensive, rumex internally and locally will be found useful. It is also of value when the throat is swollen, sensitive and dark red, with little or no pain. Nursing sore mouth and ulceration of the buccal mucous membrane come under its influence. Rumex has long been valued in chronic obstinate eczema, especially in France, where it is given with viola.

VALUABLE WORK

Among the valuable circulars recently issued by the United States Department of Agriculture, Bureau of Animal Industry, is one by E. C. Schroeder, M. D. V., on the "Unsuspected but Dangerously Tuberculous Cow." This will open the eyes of those who believe that a tuberculous cow must necessarily display easily recognized symptoms of the disease, in her emaciation, debility, etc.

Another circular by the same writer is entitled "Some Observations on Rabies." This is important, because it gives some data upon this disease which have not yet penetrated to all the textbooks. There is still extant a decided skepticism as to whether there is such a disease as rabies, even in dogs. While the weight of evidence favored the view that such a disease as rabies may exist, many of those who had studied the subject extensively, like Prof. Zuill, of the University of Pennsylvania, doubted the existence of the malady. Prof. Zuill pointed out the fact that one of the evidences of the disease especially dwelt upon, was the finding of sticks and trash in the stomach of the affected dog. He stated to the writer that in autopsies on at least one hundred and fifty dogs, killed experimentally or dying of other diseases, there was not a single case in which such trash was not found in their stomachs.

The discovery of the bodies of Negri has put a new face on the matter, and it seems that the existence of rabies can now scarcely be doubted. Nevertheless, there are some difficulties that have not yet been explained: For instance, the deaths annually recorded occurring from rabies remain about the same that they were before the Pasteur era, notwithstanding the fact that thousands of persons are inoculated with the Pasteur antirabic serum every year. If these people were really saved from rabies by these inoculations, how did it come that there were not many more deaths from this disease reported before the introduction of this method? It may be said that the deaths might have occurred and were not so reported, but this does not apply to countries like France, where such affections have been carefully reported and tabulated for many years.

We regret that this and other objections of the same nature were not dealt with in the circular before us, as it would have materially increased its usefulness. However, Dr. Schroeder handles well those aspects which he treats at all.

EDITORIAL NOTES

In the Kansas City Medical Record, Abbott suggests that populin may prove an effective remedy for acne. The dose is a grain daily for two weeks.

Taking the U. S. P. strength, six per cent 862, as the unit or 100 per cent, the following results were found, on

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examining the U. S. P. sulphurous acid, exposed in an open graduate: June 28, 98 per cent; June 29, 75 per cent; July 1st, 18 per cent; July 28th, 2 per cent.

Of Lloyd's specific medicine sulphurous acid, similarly exposed: June 28, 107 per cent; June 29th, 99 per cent; July 1st, 73 per cent; July 28th, 46 per cent.—Lloyd Bros. Drug Treatise, No. xix.

Like other evanescent preparations, sulphurous acid possesses its original qualities at but one period of its existence, namely, the instant it is finished. It can be safely asserted that no specimen of U. S. P. sulphurous acid that has been uncorked and dispensed from will stand the test thereafter.

Shock From Fear. Codeine phosphate, 3-4 of a grain hypodermically, alone or with 1-32 grain of strychnine, generally calms the patient and allows the circulation to resume its normal character. If the nervousness continues, an enema containing 30 grains of potassium bromide and one and one-half grains of aqueous extract of opium may be given and the patient left alone.—Lanphear, Medical Monitor.

Typhoid Fever. Abortion is only possible in patients who early manifest the presence in the blood by symptoms of the special toxins which make the blood a good culture medium. Neutralization of these toxins before they have time to catalyze the protoplasm and enzymes of the Peyer aggregation of glands, is abortive.—Burke, Illinois Medical Bulletin.

The Indian Lancet says, editorially, that malaria even yet is responsible for the largest number of deaths in India during each year. It repeats this doleful tale year after year, and the same scene of desolation is enacted, especially in the hamlets of rural Bengal, where the population is being decimated and the survivors look emaciated and seem to drag on a miserable existence. The editor appeals to the government, and to the educated and cultured classes, calling on the land owners to assist in putting a stop to this condition of affairs, by opening up the obstructed water courses, planting eucalyptus trees in swampy places, and exterminating the mosquitoes.

The Western Medical Review says that Dr. Egbert, a physician of Spokane, Wash., slept continuously for 312 hours, despite all efforts to awake him. Before going to sleep he had taken a little strychnine and some aconite for a cold, but no liquor and no "dope" of any description He awoke feeling refreshed, his heart-action better than it had been for fifteen years. The whole period was a blank to him. He had no pain and there were no tetanic spasms or other evidences of strychnine toxemia. During the sleep his body was limp and he appeared to the physician attending him like a man who was dying. No explanation is offered of this remarkable case.

Another cause of scepticism as to the medicinal value of plants is the apparent inertness of some to which positive remedial properties have been attributed. The factor of physiological activity is a strictly relative one, however. The question of dose is mainly involved. Every drug in an amount small enough will manifest no appreciable energy, and almost every drug in an amount large enough will show itself possessed of power to modify in some way our physical organism or its functions. But even when no immediate effect may be discernible from any practicable dose of a given drug, a very pronounced impression might be produced through its steady and prolonged administration. It would seem that involved in this principle is the possibility of large gains in the therapeutics of chronic disease, as will later be more fully set forth.—W. B. Konkle, M. D., in Medical Record.

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The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

SURGICAL THERAPEUTICS. By Emory Lanphear, M. D., Ph. D., St. Louis, Professor of Surgery, Hippocratean College of Medicine; Chief Surgeon to the Woman's Hospital of the State of Missouri, Etc. Pages 400. Cloth, Price $1.00. The Clinic Publishing Co., Chicago.

This book is different from any other medical book ever published and there certainly is room for just such a work. The book is for the general practitioner and will prove of great value to him. The book gives the non-operative treatment of surgical conditions, and many important surgical details omitted from the regular treatises on surgery. The author is a surgeon of large experience and this work is the result of his personal experience. The books tells how to treat successfully such common ailments as black-eye, bee-stings, piles, rectal fistula, felons, chilblains, varicocele, boils, and carbuncles—both surgically and non-surgically, with special attention to non-operative methods. There are hints concerning the mangement of fractures and dislocations; concerning the applications of bandages, dressings, and compresses; concerning the preparation of patients for operation and the postoperative treatment; concerning the medicinal treatment of the surgical diseases, much attention being given to this neglected field. The book is filled with the most carefully boiled-down and concise helps and hints, every one of which you can use in your work. The subjects are arranged alphabetically, making the volume very convenient for quick reference. It will be referred to frequently as it contains exactly what is needed in every-day practice. The volume contains several illustrations, is well printed and substantially bound. A complete index is appended which adds to the value of the book.

The April McClure's is so full of a number of things that few readers will care to miss it. The Carl Schurz memoirs are resumed in an article, "The South After the War," a graphic picture of the desolation and devastation of the south, and the anxieties of the Federal government in that critical

CARL SCHURZ

period. Burton J. Hendrick tells of Hughes' achievements as Governor of New York. Ellen Terry is as entertaining as usual in "Some of My Associates of the Stage." Miss Milmine continues the life of Mrs. Eddy, giving the history of the "Romantic Movement in Christian Science." Professor Munsterberg in "The Prevention of Crime," takes issue with Lombroso, and places the responsibility for criminals on organized society. Mrs. Cutting's delightful novel of suburban life, "The Wayfarers," is still running serially.

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MEDICAL PROGRESS

By E. S. McKEE, M. D., Cincinnati, O. Lecturer on Clinical Gynecology, Medical College of Ohio, Medical Department, University of Cincinnati

Dr. DeJarnette, writing in The Virginia Medical Semi-Monthly on Adenoids says:

This adenoid tissue often extends into the pharynx, and there these masses often press against the opening of the Eustachian tubes. When they are closed the air in the middle ear is absorbed and the drum membrane is pressed in by external atmospheric pressure. If left in this condition the bones of the ear become anchylosed. The membrane over the foramen rotundum loses its elasticity and becomes thickened, and if that be the case we have impairment of hearing, as the foot place of the stapes cannot be pressed into the fenestra ovale unless there is some part of the wall that is elastic, and the membrane over the fenestra rotunda is the only part of the wall that is elastic.

When the Eustachian tubes are healthy they are opened at each act of deglutition and air is forced into middle ear; but such is not the case if a mass of this diseased tissue is in the opening of tube or presses against the pillars of the same. A foreign substance will remain doubly as long in the anterior nares as it will in the posterior nares without becomnig putrid. Hence this rhino-pharynx should be kept open, especially as a current of fresh air is nature's deodorizer and disinfectant, and will do more good in overcoming the effects of adenoids than any medicine one can use in the nose. Thus a free current of air through nasal cavities is very important. It keeps the parts clean, and "cleanliness is next to Godliness." A diseased child is seldom good.

"Nightmare" is a symptom. When a child wakes up in the night screaming and crying, or wanders off quietly, or walks in some dangerous place—that child is not awake; only the lower centers are awake. The higher centers are poisoned from want of proper nourishment in the brain, and are dormant, while the lower centers are being irritated by this poison from the blood. Why are these poor creatures allowed to suffer and go through life handicapped?

1st. Because the child does not know what to complain of and, if asked, would say he is not sick.

2nd. Because his parents, grand-parents, etc., were not treated for this trouble and went through life with a nose that was worse than useless.

3rd. The family physician rarely thinks of looking in the rhino-pharynx for the trouble. Even when called in, he simply prescribes a nose-wash and goes on with a clear conscience, thinking the child has a cold in the head.

So these children drift on with this disease until some worse disease takes its place.

Treatment is simple. Remove the diseased tissue. There are many kinds of forceps and curettes, but for small children the Quinnalin forceps seems to be the ideal instrument.

RECAPITULATION.

When a child has the apathic expression, breathes through his mouth, snuffles, holds his head back, cannot hear well, the upper teeth overlap, palate is arched, is dull and stupid at books, walks in his sleep, has nightmare, is fidegty and restless, and does not grow as a child should, look in the rhino-pharynx and generally you will find the weight that drags him down.

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MISCELLANY

HYDRASTIS CANADENSIS

By John Albert Burnett, M. D., Auburn, Arkansas.

The price of hydrastis canadensis has advanced considerably for the past few years and it is thought that it will in course of time become exhausted if it is not cultivated and it no doubt will, or the price advance still more.

When the price of a drug goes up considerably many physicians begin to look for substitutes and usually find them, although substitution with the physician is like substitution with the druggist—a very poor way of doing, and should not be encouraged, but as such is now often spoken of I will mention two substitutes for hydrastis. One is berberis aquifolium, and the other is ptelia.

Dr. Scudder says: "Specific ptelia is next to hydrastis, one of the best of our bitter tonics. It may be employed in atonic conditions of the stomach and bowels when desiring to increase the appetite and improve digestion. It is a good tonic to administer in the debility following exhausting fevers as typhoid remittent and unremittent fevers. Atonic diarrhoea and dysentery are corrected by it and it is a useful drug in atonic dyspepsia. It appears to have a specific action upon asthmatic breathing and in chronic diseases with a sense of constriction in the chest accompanied by short breathing."

The dose of specific ptelia is one to twenty drops in water every hour.

He has the following to say concerning berberis:

"Specific berberis is a remedy for atonic conditions of the mucous tract with excessive secretion. For this purpose it is useful in aphthous sore mouth, in chronic diarrhoea and in bladder disorders. It is of value in jaundice when not due to obstruction of the bile ducts and by stimulating the duodenal functions it is useful in intestinal dyspepsia if given in doses just short of cathartic. Small doses overcome burning and soreness or other unpleasant sensations in the genito-urinary tract and are palliative during the presence of renal calculi."

He gives the specific use as tonic to chronic affections of mucous membranes —in catarrh, leucorrhoea, stomatitis, incipient dyspeptic affections with loss of appetite, convalescence from exhausting diseases.

The specific use of hydrastis is to improve the appetite and digestion. It also exerts a special influence on nutritive processes.

Scudder says: "Specific hydrastis is a valuable tonic to the circulatory and mucous structures. Few agents have acquired a greater reputation in the treatment of disorders of digestion than hydrastis especially when associated with irritation or debility of the gastric mucous surface. It is particularly useful in acute indigestion due to sudden change of diet and to abuse of ice-water, iced-tea, etc. (ice water dyspepsia). Hydrastis is valuable in chronic inflammations of the glands as well as of the mucous structures. Hepatic torpor with constipation and chronic gastritis are relieved by small doses of hydrastis. It is a useful topical application to the membranes of the throat with relaxed tissues, free secretions and dilated capillaries. It relieves nursing and aphthous sore mouth and is invaluable in ulcerations of the body orifice as in rectal ulcers, fissures in ano, etc. Hydrastis is admirably adapted to control passive bleeding when due to atomy of the coats

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of the vessels. This action renders it valuable in hemorrhagic flows from the uterus due to various causes of debility."

There is no doubt but what berberis aquifolium has more influence upon the skin than hydrastis, but hydrastis may and probably has more influence upon the circulation. It is a disputed question which is the best general tonic. Hydrastis probably has more influence on the mucous membranes of the mouth and throat but berberis has more influence upon the bronchial tubes and is the best remedy in bronchial diseases.

The antiperiodic effect of hydrastis and berberis is somewhat about equal but berberis has more influence on the liver and spleen.

The following prescription has proven to me to be very reliable as an antiperiodic and I think all who will try it will be well pleased:

℞

Fld. ext. hydrastis.
Fld. ext. gentiana.....aa ʒiv.
Fld. ext. cascara.....ʒij.
Salicin .....gr. xx.
Tinct. myrrh comp.....ʒj.
Simple syrup.....q. s. ℥viij.

Sig.—To keep a chill off give a teaspoonful every hour until six, eight or ten doses are taken, beginning so the last dose will come about an hour before the chill is due. I am of the opinion the following would be an improvement:

℞

Fld. ext. hydrastis.
Fld. ext. berberis.....aa ʒiv.
Fld. ext. cascara.....ʒij.
Fld. ext. lycopus europeus..ʒiij.
Tinct. myrrh comp.....ʒj.
Simple syrup.....q. s. ℥viij.

Sig.—Use as above.

In mild cases of thrush the internal and external use of hydrastis will prove very satisfactory but in stubborn cases a solution of silver nitrate, ten grains to an ounce of water, used locally, is far superior to it.

Hydrastis has two alkaloids—the white and yellow. The white alkaloid is very good as a local remedy in gonorrhoea, otorrhoea, etc. The yellow alkaloid is a remedy for enlarged spleen and antiperiodic but it requires very large doses and it is rather expensive to use. Some physicians prefer to use hydrastis in powder form in place of the fluid extract or the tincture. It is much cheaper and no doubt the best way to use it in chronic stomach diseases. Hydrastis can be combined with quinine and capsicum as follows, and will prove to be superior to quinine alone when it is used as an antiperiodic:

℞

Quinine sulphate .....gr. 96.
Pulv. hydrastis .....gr. 72.
Pulv. capsicum .....gr. 24.

M. Sig. ft. chat. No. 24.—Dose, one every two hours until four are taken, beginning so the fourth one will come about two hours before the chill is due.

Hydrastis sustains the circulation in the veins and is of value when the extremeties are prone to become cold.

Good Faith With the Medical Profession. It means much to the thoughtful practitioner to have remedies at his command in which he can place implicit confidence as to quality, uniformity, and therapeutic efficiency. The substantial success won by Gray's glycerine tonic compound during the past fifteen years is the strongest possible evidence of the good faith that has constantly been kept with the medical profession. To prescribe an original bottle of Gray's glycerine tonic compound is to insure a maximum of benefit to a patient, and a minimum of uncertainty as to the desired results. When other tonics fail to prevent bodily decline, Gray's glycerine tonic compound will prove a veritable sheet anchor.

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MISCELLANEOUS NOTES

Rheumatism. Intestinal fermentation may be restricted by the use of intestinal antiseptics, the sulphocarbolates of lime, sodium and zinc, the calcium salt being especially beneficial. Too acid bowel contents call for the old-fashioned but very useful neutral cordial, which may be agreeably dispensed in the form of tablets. Hepatic insufficiency may be relieved by daily doses of bilein, the alkaline salts of bile acid, and occasional stimulation by calomel and podophyllin, followed by saline laxative. Endocarditis demands the use of the ice bag, rest and free elimination. Salicylic acid and the alkalies are indicated in the acute attack. It has been well said that "a wall at the top of a precipice is better than an ambulance at the bottom," and this is particularly true in the prophylactic treatment of the rheumatic child.—Smith, Merck's Archives.

Few magazines will brave a scientific presentation of so-called "spirit" phenomena, but Everybody's has made public this month a realistic account of Hamlin Garland's experiments in occultism, entitled "The Shadow World." It is sensational, authentic, and compelling, and heads a truly remarkable table of contents. John L. Mathews describes, in "The New Mississippi," the transition from ancient to modern in river traffic and shows clearly the great possibilities for the development of this "arm of the sea." "The Racing Game," by Clarence L. Cullen, places the very timely topic of the race track fairly and squarely before the public; and Charles Edward Russell's article, "Governor Johnson—New Style Politician," is an intimate study of the aims, character, and achievements of Minnesota's chief executive. Samuel G. Blythe contributes another of his inimitable skits, "Paris and the Parasites."

The World To-Day for April contains: "Caring for the Unemployed," by Charles R. Henderson; "Our Colonial Empire: The Republic of Panama and the Canal Zone," illustrated, by John F. Wallace; "Colonialism: Can We Give Up Our Colonies," by Harry Pratt Judson; "Psychical Research," by Sir Oliver Lodge; "The Art Movement in Chicago," illustrated, by James Spencer Dickerson; "China's Workers," illustrated, by Gustavus C. Widney; "Ely of Wisconsin," with portrait, by Joseph Medill Patterson; "Ellis Island as Seen by the Camera-Man," by Julian A. Dimock; "The National Ski Tournament at Duluth," illustrated, by Sumner W. Matteson; "How the Government Re-Makes Worn-Out Farms," illustrated, by William Atherton Du Puy; "Latin America: A Great Commercial Opportunity," illustrated, by John Barrett; "John Bull: The Commercial Conservative," by James H. Collins.

If the article on birds by C. W. Beebe in the April Ladies' Home Journal, could be read by everyone, the destruction of birds would be less. The author shows that human health and life depend upon the presence of birds. Without birds our food and water would be polluted by insects and in a very short time the human race would starve, as nothing could be grown for food It is to be hoped more such articles will be published in periodicals read by women and that the result will be a cessation of the use of birds and bird plumage in millinery.

The Cigarette. As much as we despise the onanist, we incline to the belief that he would have a little the best of it by comparison with the yellow-fingered, dope-scented cigarette fiend of modern society. These are the half-mad lobby-mashers, the fellows who trample upon our corns between the acts in a dopy, daffy effort to suck through their nostrils the poisonous fumes of

That nasty little cigarette,
The biggest little devil yet.

—Progress.

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AN ACTIVE DEPLETENT FOR PELVIC CONGESTION

The presence of congestion or inflammation, whether acute or chronic, involving the female pelvic cavity, forms grounds for anxiety. Fortunately, we have passed the age where operative conclusions are hastily made. A superficial study of the vascular supply of the female pelvic organs, with its vesico-vaginal and vesico-uterine plexus forming a complete network of anastomosis, is sufficient to show that local applications of depleting agents to the vaginal and rectal canals form both practical and theoretical ideals in treatment which by purgative action reduces the stasis of engorged cellular tissue and lowers vascular tension, thus aiding nature in restoring normal glandular action. Glyco-thymoline in contact with mucous membrane everywhere produces the following physiological activities in direct proportion to the vascularity of the structure. It stimulates the secreting cavity of glandular structures of all mucous surfaces, so that larger quantities of watery fluids are exuded. On the law of exosmosis, which determines the passage of fluids through animal membranes from a rare to a more dense saline medium, this solution through its stimulating and hygroscopic property brings about a rapid depletion, drawing outwardly through the tissues the products of inflammation and materially reducing the danger of septic infection. The following clinical cases bear with interest on the subject: Chas. Le Gates, M. D., Philadelphia, Pa., reports: Mrs. A. consulted me in reference to her condition. Made a thorough examination and found uterus much enlarged, very turgid, degeneration of the endometrium, discharge rather profuse. Treatment: Hot vaginal douche, ten per cent glycothymoline. I then irrigated the uterus with pure glyco-thymoline and tamponed the vagina with lamb's wool saturated with glyco-thymoline. This treatment was given twice and three times a week; improvement was rapid, congestion was reduced and patient discharged in six weeks. I see patient frequently and there has been no recurrence of former trouble.

IMPORTANT TO DOCTORS AND DRUGGISTS

A well known firm who for the past twenty-five years have manufactured specialties exclusively for physicians to prescribe, advise us they have recently adopted abbreviations for their preparations for the doctor's convenience in prescribing, viz., dioviburnia (Dov.), neurosine (Nuo.), and germiletum (Glm.) These abbreviations will appear on all stock shipped to druggists hereafter.

At this time, we desire to call special attention of our readers to these meritorious preparations of the Dios Chemical Co. Any who are not familiar with their specialties may, by writing to them, receive full size bottles and a handsome pocket reference book and visiting list free, they paying only express charges.

Dioviburnia (Dov.), a most valuable uterine tonic, alterative, anti-spasmodic and anodyne, is highly recommended by such men of international reputation as Drs. H. Tuholske, and the late L. Ch. Boisliniere, J. B. Johns, Jno. P. Bryson, as well as many others.

Neurosine (Nuo.) is an elegant combination of well known and long-tried remedies concerning whose virtues in the diseases and conditions indicated, there is absolute unanimity of expression among all observers and authors upon the subject.

Germiletum (Glm.) is a most excellent liquid astringent, antiseptic, slightly alkaline, especially recommended in eczema and catarrh. Germiletum is an elegant cooling deodorizing antiseptic

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for the sick room, especially in obstetrical practice.

We might add that the Dios Chemical Co. have never catered to the laity, but have always freely circulated formulae of their products to the profession, which appears in all their literature.

We believe this company's methods of doing business and their preparations deserve the hearty support and co-operation of the profession.

THE H-M-C IN CANADA

In the Canada Lancet for January, Dr. F. J. Old contributes an interesting paper on the hypodermic anesthesia in obstetrics. He makes use of the H. M. C., otherwise following the technic of Gauss, especially insisting upon the memory test. He gives brief records of twenty-four cases in which he used this anesthetic. These were not selected cases. He says that in no case did he find any undesirable effects on the mother, either during or after confinement. In one case the child was still born, the mother having had a previous history of two still-born children out of three. In one other case the child only lived four or five hours. It was a premature child—its color was normal at birth but it was weak. He does not attribute this death to the anesthetic.

Dr. Olds says that success in the use of H. M. C. depends on, first, not commencing too early; second, not forcing the doses, but repeating oftener if necessary with smaller doses until daemmerschlaf is produced; third, frequent testing of the memory; fourth, quietness of the patient; fifth, securing continuous quietude and prolonged sleep after birth.

He lays great stress, as Gauss did, on the complete removal from the memory of the patient of the intense suffering attending childbirth, and quotes Dr. Wm. Holt as saying: "The natural fear of the suffering and danger involved in childbirth is an important factor in our modern lamented race suicide; also in marital unhappiness by the wife's refusing all sexual intercourse." Dr. Old's conclusions are strongly in favor of this method of anesthesia.

NOTICE

On and after May 1st our only address will be Orangeburg, New York. We have built a laboratory and cottages on ninety acres of ground, twenty miles from New York City, on the Erie and the West Shore Railroads, and are prepared to meet any demand for our products.

Every year for ten years, we have been obliged, by increasing business, to either move or enlarge our quarters. We are now located where, for some time, moving and enlarging will be unnecessary, and where there will be no excuse for delay in shipping our products. We sincerely thank the physicians whose confidence and patronage have made this change necessary and possible.

After May 1st, 1908, kindly address all communications to Bell & Company, (Inc.) Orangeburg, New York.

BEDSIDE EXPERIENCE

The best test, both pharmacological and ethical, for a medicine is bedside experience. For what avail is a laboratory product based upon a fine-spun theory in chemistry if it does not work out results in the laboratory of nature—the human body? Or why wrangle over the "ethics" of a remedy which accomplishes results in healing disease? To heal one's patient is the best ethics. Send to Od Chemical Co., 61 Barrow St., New York City, for "Laboratory Results Supported by Bedside Experience."

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TREATMENT OF DROPSY

By Thomas Hunt Stucky, A. M., M. D., Louisville, Ky.

Formerly Professor of Theory and Practice of Medicine and Clinical Medicine; Hospital College of Medicine, Ex-President Mississippi Valley Medical Association.

The general treatment of these cases depends, of course, largely upon the cause. Where the heart alone is at fault the patient should be put to bed, or at least confined to a chair if he can not lie down with comfort, as frequently happens. Efforts must be made to increase the nutrition of the heart muscle and the efficiency of its nerve supply. To this end we must attend to his diet; such patients have a poor digestion and are often afflicted with diarrhea. The most nourishing and easily digested foods must be given, in as great an amount and at as short intervals as he can digest them. Tonics for the heart and nerves must be administered, but care and judgment must be observed in their use, for these is grave danger of stimulating the heart beyond its strength.

Digitalis and strychnine are powerful drugs, and their effects must be watched constantly. I have had better results with a preparation called anasarcin, which is a combination of several mild tonics, alteratives and diuretics. It is a much safer drug to leave with the patient, and is very reliable in its action; its diuretic effect is one of the best means of reducing the dropsy.

Cases of renal dropsy are frequently helped by the saline purgatives and by any measures which increase the amount of perspiration. The poisons which should be eliminated by the kidney can in a large measure escape through the bowel and the skin, and these means must be used to the point of endurance. As the circulation is always weak it is necessary to administer cardiac and general tonics, and for these patients the same drug, anasarcin, is probably more efficacious than any other.

For dropsy into the abdomen the diuretic action of anasarcin and its tonic effect make it the remedy on which I have depended.

This seems high praise, but the favorable opinion formed will be found in the histories of cases given below, which are only a few chosen at random from my practice during the past year.

Case 1—Mrs. E., married; physical examination, aortic stenosis; no doubt of long standing. Goitre from pubescence. During first pregnancy developed acute nephritis with pronounced general anasarca. Usual remedies tried unsuccessfully. Anasarcin recommended; tablet to be used every three hours. After three or four days treatment, marked diminution of the dropsical effusion, which being carried on during the remainder of gestation, enabled her to go through the parturient period successfully. There have been several returns since this attack three years ago, all of which have yielded promptly by the use of this remedy.

Case 2—Mrs. F., widow, aged 67 years. Mitral regurgitation. Chronic interstitial nephritis; general anasarca, with all accompanying and distressing symptoms. Diuretin, infusion digitalis and the general agents proved unsuccessful. Anasarcin, one tablet every three hours encouraged by the use of salines produced decided relief to such an extent that the patient is now going about in comparative comfort.

Case 3—Edwin R., aged 18 years. History of scarlet fever when seven years of age. Aortic regurgitation during attack of scarlet fever with general anasarca which only partially disappeared after months of confinement with the usual remedies. Was placed upon anasarcin six weeks ago; one tablet every three hours until active elimination was secured both by kidney and

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bowels; then a tablet three times a day. At this time, August 2, 1907, there is no evidence of any dropsy, and to all disappearances he seems to be regaining his strength, rapidly.

Case 4—John R., 42 years of age. Has been a spreer. Hypertrophic cirrhosis of the liver. Mitral regurgitation; albumen, hyaline casts and granular casts found in the urine. The effusion was so great into the abdominal cavity that it was necessary to aspirate. Four gallons of fluid withdrawn, producing very decided relief, showing evidence a few days thereafter of the return of the edema. He was placed upon anasarcin as above described, in connection with tonics, and has been comparatively comfortable ever since. My observation has been that this agent is serviceable in all dropsical conditions, irrespective of cause—with the exception probably of those which are entirely mechanical in character.—Medical Progress.

Eliminative Treatment. It cannot be denied that faulty elimination of the products of metabolism is a common predisposing cause of disease. Such cases regardless of name, are promptly relieved by stimulating elimination through the kidneys. There is no better renal eliminant than alkalithia.

We bind a year's numbers of The Recorder in black leather and cloth for 65 cents and return the same by prepaid express. We do not pay express on any other binding except The Recorder.

If you need a new sign, be sure to write to Geo. Steere, 256 Clark St., Chicago.

"Nothing succeeds like success." Another mile-stone in the progress of The Abbott Alkaloidal Company is marked by the completion of their new laboratory shown to the left in the picture above. This is the finest building of its kind in the country for supplying the needs of the doctor. It is absolutely fireproof, reenforced-concrete construction, with every modern improvement and up-to-date equipment. The central building, to be used for executive offices, will be completed next year.

We suggest that our readers send to The Abbott Alkaloidal Company, Chicago, Ill., for their new therapeutic price list which is now ready for distribution. There is much of interest and value in this list for every progressive physician.

Dear Doctor: May we deliver to you, at no expense to you, enough Papayans Bell to convince you by what you see them do, that they are the best anti-dyspeptic that you know? We will not ask you to buy them or prescribe them, how you like them, or if you have used them. You will incur no expense or obligation, neither will we solicit or annoy you in any way. We will deliver, entirely gratis, as many tablets as you care to use to convince yourself of their value. We simply want to prove to you, in the surest and fairest way, that these tablets are and do what we state—that they are valuble to you. A postal card, gratefully received by, Yours truly, Bell & Company (Inc.), Orangeburg, New York.

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The Wisconsin Medical Recorder

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Leading Original Articles

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D., 72 Madison St., Chicago, Ill.

(Cohtinued from Page 119 April Recorder)

HIS NAME WAS SCHMITT AND HE HAD DIABETES.

The statement is frequently made that the physician is a poor business man, and that if he would change and improve his methods he would roll in wealth. This has been dinged into my ears so much by other people, who could cite cases to prove their contentions, that I attempted to gain information about the matter at first hand.

I attempted to take up the question personally in my odd time, but I either carried an odor of iodoform or some other intangible sign, for every time I stepped into a physician's office I got the "glad hand" with a "Hello doctor," until I had to give the matter up and look for an individual who possessed sufficient qualifications to make an impartial investigation.

Eventually he was found in a first year medical student, with a real old Irish face, a German brogue and an unmistakably funny personality.

We started him out with a bank account of five dollars and a check book large enough to run a small-sized department store. He was told his name was Schmitt; he had diabetes, and he must pay in checks. He was to call on physicians at random, selecting as far as possible the general practitioner, and make a mental note of his ways, manners, diagnosis and treatment. He was to approach each physician abruptly with the statement that his name was Schmitt—John Henry Schmitt—and he had diabetes.

The effect of the combination was ludicrous in the extreme. He was possessed of a face as expressionless as a billiard ball, a funny brogue, and a figure that would make his fortune on the vaudeville stage.

The first visit was made to a very prominent but profane practitioner upon a fashionable street in our city. When the combination approached him he fiitted his glasses nervously and surveyed the apparition and ejaculated, "The H—— you say!"

"Yah! My name is Schmitt und I haff diabetes."

"Schmitt, someone has 'conned you;' you ain't got diabetes—you have it in your head."

"Yah, I have diabetes in my head."

"No, I mean you ain't got diabetes; I have seen too many cases of diabetes; I know you havn't got them."

"Yah, I haff got them."

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"Who told you so?"

"Nobody. I reads about them."

"Say Schmitt, you must change your reading from almanacs to Ibsen; it saves money."

"Ish Ibsen got diabetes already?"

"No, you don't understand. If you stop reading the almanacs and patent medicine advertisements your diabetes will get well. In other words, Schmitt, you are a d—— fool; good day."

And Schmitt left without writing a check.

THE LADYLIKE PHYSICIAN.

Schmitt made a discovery when he turned down a side street, and after using a reading glass concluded he was actually looking at a doctor's sign. It was one of those modest, soulful evidences of a timid, refined nature and he was not surprised to find a very diffident feminine sort of being that asked him politely to come in, and who looked shocked when he stated his name and disease.

It held up its hands and said, "beg pardon."

Schmitt was game and repeated his phrase and was asked to step in the office. This proved to be a love of a place, had tidies on the chairs, and a jar of flowers on the desk. It had a picture on the wall of a very effeminate young thing in a mortar-board hat and a college gown, holding a diploma in its hands, and the whole atmosphere was charged with Marie Stuart perfume.

"Now Mr. er-er-Smith, you state you have been ill?"

"No, my name is Schmitt, und I haff diabetes."

"May I inquire, Mr. er-er-Smith, how long you have been ill with diabetes?"

"Sure! It been about one year I haff diabetes."

"Yes, I er-er-know; but what are your symptoms?"

"My symptoms? No, I haff diabetes; not symptoms."

"Beg pardon, Mr. er-er-Smith, but what do you complain of?"

"Why sure I haff diabetes."

"Beg pardon, Mr. er-er-Smith, you don't understand me; do you have feeble heart action?"

"Ach no, I have diabetes."

Here the young thing threw up its hands in despair, while it was watched by the stolid Schmitt, and after it had recovered its balance it began again.

"Now Mr. er-er-Smith, we will er-er-have a sample of er-er-urine, in order to examine it for sugar, and if you will er-er-take this glass and er-er-step into this closet, we will examine the specimen."

Schmitt promptly obeyed and emerged in a minute to tell the doctor there was no specimen there; that he had diabetes.

"Now Mr. er-er-Smith, don't you know what urine is?"

"Sure!" said Schmitt, "it's somethings to do mid diabetes."

"Yes, er-er-yes, not exactly, but er-er-we must have a specimen to examine so we can be sure you have diabetes."

"Ah, sure!" said Schmitt, "I haff got diabetes."

By this time the young thing was fanning itself and perspiring like a laborer and eventually had a brilliant thought.

"Now Mr. er-er-Smith, can you talk German?"

"Sure I talk Jarman. Mine name is Schmitt and I have diabetes."

"Yes I know, Mr. er-er-Smith. If you will excuse me I will call our girl; she talks German and can make you understand."

It disappeared temporarily and came in followed by a buxom German girl, with a rotund form and face, while Schmitt and the doctor tried to tell their common troubles to her at once.

As usual Schmitt won out, but eventually the doctor had a chance and explained that he could not make Mr. er-er-Smith—"

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"No, Schmitt," bellowed that individual.

"Smith understand that he must have a sample of urine to examine."

Gretchen rose to the occasion and said: "Say Schmitt, you fool! Why don't you do vat the doctor wants? Here, take the glass and 'pease' in it."

"Ach sure! said Schmitt, proceeding to comply, while he was grabbed by Gretchen and hustled into the closet and the doctor was recovering from his embarrassment, and rose to the occasion by asking the girl to show Mr. er-er-Smith to the door, that the man was er-er-impossible. And Schmitt escaped with his check-book.

THE JOLLY DOCTOR.

Schmitt, after partaking of refreshments, proceeded several blocks until he saw a robust figure with medical regimentals on and carrying the standard physician's bag, now affected by chiropodists, nurses and hair dressers. He didn't realize just what he was following until it dawned upon him that the doctor was not going to see a patient or going back to the office, but was walking up the fashionable avenues to reduce his "superfluous flesh."

Schmitt stuck to him like a leech and eventually trailed him to the office, when he projected his story at him with the velocity of a cannon ball.

The doctor was surprised and startled but rose to the occasion by grabbing his hand, pulling him into the office, hitting him a resounding slap on his shoulders, and remarking: "Never mind, old boy, there are others. Sit down Schmitt and we will talk it over."

Doctor: "How long have you been ill?"

Schmitt: "No haf been ill, haff diabetes."

Doctor: "No, no; how long have you been sick?"

Schmitt: "I been six year in this country."

Doctor: "When did you get diabetes?"

Schmitt: "One year I haff diabetes."

Doctor: "Well, cheer up, it might have been worse."

Schmitt: "No, not worst, I haff diabetes."

Here the doctor laughed and slapped Schmitt on the shoulder and said: "Schmitt, you are the limit. Someone has put up a job on you; you ain't got diabetes—you have 'bees in your bonnet.' You're all right though; sit down and rest yourself and I will give you something that will cure your diabetes in a jiffy."

Here the doctor went to a sideboard and returned with a decanter with an amber colored medicine and poured out a glass for Schmitt and himself. He held it up with a sentimental look as a sunbeam struck the liquid and after clinking glasses with the blinking Schmitt, drank it down. The example and good spirit was too much for Schmitt; he drank his at a gulp, and after rubbing his stomach with satisfaction said: "Ach himmel, dose is a goot cure for diabetes."

"Right you are, Smithy old boy; now run along and when the diabetes gets bad again, come and see me."

And Schmitt escaped with his check-book.

THE DIGNIFIED DOCTOR.

Schmitt not being used to the diabetes cure, had to sit down under a neighboring tree and hold on to the ground to keep from falling off, but after about one hour he recovered sufficiently to call on a physician located in a fashionable apartment building, and stated his message with a chastened spirit.

The physician, a dignified old gentleman with a Van Dyke beard, looked at him thoughtfully for a few minutes without comment and at last said: "Mr. Schmitt, I am afraid you are mistaken; you don't look like a diabetic to me. It is hardly possible that I could

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be mistaken, I have had so many cases in my experience, but if you will remove your hat we will sit down and talk it over."

Schmitt complied, and the doctor began.

"Now Mr. Schmitt, you don't have the appearance of a man with diabetes."

"Yes, said Schmitt, I haf diabetes."

"Just a moment, Mr. Schmitt, please don't interrupt me. As I was saying, you don't look like a man with diabetes. I have seen so many hundreds of cases that I have no difficulty in making a diagnosis a block away. I regret to hear that you are under the impression that your are suffering from this deadly disease. There is nothing known in medical science that will influence this disease. Our success in treatment has been in the regulation of diet and calesthenics with complete mental rest. It is, of course, true that medicine has some influence upon the formation of glycogen in the hepatic organ and the excretion of sugar can be restrained within narrow limits. Now, Mr. Schmitt, you are a young man, right in the prime of life and it is a very rare occasion when this disease manifests itself before a man is thirty-five years old. I am much inclined to believe that some dishonest physician has deluded you into this belief for motives; well, we wont speak of motives—possibly his technique was wrong or he was not aware of the fact that after a hearty meal a sugar reaction may frequently be obtained, and it has misled many reliable men. Still you seem quite positive that you have this disease. May I inquire how many physicians you have consulted?"

"Sure! Four doctors for diabetes," answered the truthful Schmitt.

"Well it would seem that this diagnosis must be true if you have consulted so many physicians and it would be better for you to place yourself under a careful, conscientious physician like myself and take a course of medicine for your diabetes."

"Yes, sure I haff diabetes."

"Ahem, Mr. Schmitt, it is quite evident that you have, and I desire that you call and see me three times a week for the next six months and I shall give you the highest medical skill, and if anyone can cure you, I can. You will refrain from the use of all sugars and starches, and confine your diet to nitrogenous foods with gluton bread. You must keep regular hours and go to bed at 8:00 p. m. You will take a teaspoonful of this medicine after eating and report in two days. (Medicine ordinary digestive mixture). Be sure to turn your bed around so the head is to the north and don't sleep later than 7:00 a. m. Be sure to see me again in two days; good day."

And the bewildered Schmitt found himself out on the sidewalk with his bank account intact.

After absorbing so much wisdom in one day Schmitt concluded to report and rest from his strenuous labors while a further campaign was planned.

THE FINANCIAL PHYSICIAN.

Schmitt asked a prosperous looking man where he could find a good doctor as his name was Schmitt and he had diabetes. He was surveyed carefully for a few minutes and was told to go and see Dr. Bill, his family physician. "Nay, hold on, I will give you a card to Dr. Bill." So Schmitt had a first hand introduction to Dr. Bill.

This proved to be an over-dressed, spectacular individual who had hypertrophy of his "financial bump." He seemed real glad to see our friend and greeted him cordially when he received the card of introduction.

He inquired socially about the little Schmitts and Mrs. Schmitt and seemed relieved to hear that they did not exist. He was very anxious to know what occupation Schmitt had and how much they had to pay a man to do this work,

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and he seemed relieved to hear that Schmitt was the boss of a sausage factory by the Nordt Side. He inquired if business was good the last year and seemed happy when Schmitt showed his check book with a comfortable balance by adding two cyphers to the original five dollars.

This important preliminary ground being covered to his satisfaction, he inquired how long Schmitt had had diabetes.

Schmitt: "One year, I haff diabetes."

Doctor: "Have you consulted any physicians?"

Schmitt: "No not physicians—diabetes."

Doctor: "Yes, I understand, but have you seen any doctors?"

Schmitt: "Sure, five doctors for diabetes."

Doctor: "Gosh Schmitt; you're in luck to find a good one after trying only five."

Schmitt: "Yah, for diabetes."

Doctor: "You're correct Schmitt. It's not every doctor that can handle so grave a disease as diabetes."

Schmitt: "Yah, diabetes."

Doctor: "Thunder, keep still till I get through and don't be butting in. As I was saying, this disease is of so grave a character and so rare that few cases have been seen by the average physician and it is only among those physicians who have been in practice for many years, and have had the very cream of the work, that have succeeded in gaining enough experience to treat it successfully. Now I have been particularly fortunate in getting many cases. There was Mr. Tom-Tit, (a millionaire) given up by our best known physicians until he heard in some way of my skill and sought me out. He was under treatment for six months and you should see him now. Why he cleaned up a cool million during the last wheat flurry, plays golf and ain't afraid to put on the gloves with the best of them. I believe, Schmitt, I can do as well with your case. It will, of course, be quite necessary for you to co-operate with me, as you know that while a physician may prescribe medicine it is impossible for him to stay with a patient and make him take it."

"I am going to give you a wonderful medicine. It had its origin on the continent and I import it especially for my own use. It has never failed me as yet, and with your faithful co-operation I believe, Mr. Smith, I can cure your diabetes."

"No Schmitt, and I haff diabetes," bellowed that individual.

"Ahem, beg pardon for not remembering your name, and I would suggest, by the way, Mr. Schmitt, that you cultivate a more moderate tone of voice—it makes me jump when you speak so loud. My patients are all refined people and it startles me to hear you speak so abruptly."

"Well, you take this medicine and report to me without fail at 3:00 p. m. Wednesday in order that I can observe what way the medicine is acting. Good day."

And Schmitt found himself, his diabetes and check book on the outside of the door. Dr. Bill is probably still wondering what became of the boss sausage maker.

THE EMINENT PHYSICIAN.

Schmitt wandered down the street for a few blocks until he saw an individual in his shirt sleeves sitting on a porch, and with a hammer and nails industriously repairing a four wheel cart for a street urchin, who had been unfortunate enough to have it smashed by a speeding automobile. The "kid" was inconsolable but was being assured from time to time that it would be all right.

As the house bore a physician's sign Schmitt tackled the amateur mechanic with his story. He stopped hammering for a few minutes and regarded him thoughtfully and then remarked:

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"Well, I am sorry to hear it, but it is not immediately fatal, so sit down and hold this handle until I fix the kid's cart."

So Schmitt and the doctor were both busy trying to make the boy happy until they eventually succeeded in repairing the damage, and after sending the combination off the doctor and Schmitt retired to the house. Here the medical man got out a box of cigars and after giving one to Schmitt, lit a match and soon both were at ease.

Doctor: "Now Schmitt fire away."

Schmitt: "No, I haff diabetes."

Doctor: "How do you know you have?"

Schmitt: "Well, I read about them."

Doctor: "Not very reliable evidence. Have you taken treatment?"

Schmitt: "No treatment; diabetes."

Doctor: "Yes, I know. Have you seen any doctors?"

Schmitt: "Sure! Seven doctors for diabetes."

Doctor: "Well," handing him a glass, "get busy," (going through a simple pantomine with an unmistakable meaning).

The sample being secured, a slow, painstaking analysis was made. Several reactions of sugar being used and the examination excluding any other kidney complication.

Doctor: "Schmitt, I am afraid you are mistaken. There is no sugar in the urine today and nothing to indicate that we will find any tomorrow. To be absolutely sure about the matter, save the urine (indicating) for twenty-four hours and bring me a sample. Now 'peel off' (indicating) and we will see if there is anything else the matter with you."

Schmitt had the unusual experience of getting a thorough, up-to-date examination, the first he had even seen and which was remarkable for its deductions and conclusions.

Doctor: "Schmitt, you are as sound as a race horse; there is nothing the matter with you. I will not give you any medicine as none is indicated. I don't know why you have this delusion in your head that you have diabetes, but forget it, and you will be all right."

It so impressed Schmitt that he forgot and asked, "what's the charge?"

"Ah, two dollars, I guess," which Schmitt paid in cash and with many feelings of gratitude that he had succeeded in finding an honest and skillful physician after his long hunt, and he left him with many misgivings as to the propriety of imposing upon one so evidently honest, humane and skillful and still carries in his mind's eye the picture of the great scientist in his shirt-sleeves fixing a gamin's cart.

THE ETHICAL QUACK.

Schmitt, after resting a few days, started out to chase down reputation, and after loafing around a railroad station for three hours and engaging various people in conversation, soon had an introduction to several men who were all well known in medicine, and eventually fell into the hands of an enthusiastic individual with rather loud clothes, who insisted on his going to see Dr. Dan.

This proved to be an over-dressed individual with diamonds on as large as nuts and a dignity that covered defects in education, like a coat of calsomine. He condescended to recognize Schmitt's greeting with a cool nod and requested him to remove his clothes. He laid Schmitt on the table and went through the motions of giving a very thorough physical examination. He looked into his eyes, ears, nose, throat and rectum, thumped him all over, looking wiser all the time and shaking his head solemnly. He made discovery after discovery of disease, soliloquizing quietly in a sotto voice, mentioning slight curl in the left mitral valve, not very bad, probably not heard at all times. Heart shows slight hypertrophy—not much, but still

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hypertrophy—an increase I should say of 1-32 of an inch. Many physicians would be apt to overlook the matter but you can't deceive an expert. Lower lobe of left lung has a slight crepetant rales, very slight in effect, but noticeable, probably not there at all times and may never appear again. Pockets of rectum are irritated and enlarged and should be trimmed or opened. Of course no emergency about them, etc., etc.

Eventually a sample of urine was secured and upon a Hayne's test no precipitation was had, much to the disgust of the physician, who thereupon added a few drops of silver nitrate, and exhibited the deposit to the astonished Schmitt for sugar.

Doctor: Now Schmitt, in order to treat this disease successfully I must know something about your work; what do you work at?"

Schmitt: "Boss of sausage factory, and I haff diabetes."

Doctor: "Yes, you've got diabetes all right, but what is your income a year?"

Schmitt: "No income; diabetes."

Doctor: "Yes, I know, but what do they pay to be 'boss of the sausage factory?' "

Schmitt: "Twenty-five hundred dollars a year."

Doctor: "Schmitt, I am glad to hear that you are financially able to take treatment with me. I will charge you (mental note; four goes into twenty-five hundred, six and twenty-five one-hundredth's times) six hundred and twenty-five dollars for a course of treatment."

Schmitt: "Ach himmel! I haff no so much money to pay for diabetes."

Doctor: "What's money good for, if not for health. If you cannot pay the full amount at once, pay me $350.00 now and the rest later, say in a month. I will take your note for it at seven per cent interest."

Schmitt: "I cannot pay you so much money, I no haff."

Doctor: "Say Schmitt, seeing it is you I will do the work for $500, cash down. You can't expect me to do work as cheap as other 'cheap John' doctors. My work is all among millionaires and I have to give the best service; why the medicine I give you will cost me over $300. It is specially made in one of the large laboratories in Europe and you can't expect me to give my valuable service for nothing, can you?"

Schmitt: "Ach himmel, so much money."

Doctor: "Oh come now, what is life worth without your health; here you lose so much time and suffer so much pain; aren't you willing to work for me for several months in order to get your health back?"

Schmitt: "Tunder und blitzen, so much money, I no pay."

Doctor: "Oh yes you will pay me for my examinations. If you don't want to take the full course of treatment I will charge you $200 for the examination and you will pay it, or I will send you to jail. Now what will it be, $200 or shall I call the patrol wagon?"

Schmitt was impressed and thought it the part of wisdom to write a check for the full $200, which presumably the doctor has had framed to remind him that one stroke of genius has gone astray and that it pays to conduct a business of this kind on a strictly cash basis. I have heard friends of his remark that he would not steal a red hot stove, so I infer that he belongs to that class of ghouls who are usually found robbing the victims after a great disaster.

(To be continued.)

The best natural disinfectant, sunsine; best germ disinfectant, formaldehyde; best physical disinfectant, soap; best moral disinfectant, publicity.—American Journal of Dental Science.

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THERAPEUTICS BY NATURE

By G. C. Young, M. D., Washington, New Jersey.

Therapeutics is that part of medicine which relates to the composition, application and operation of remedies for the cure of disease, when the administration is by some one who is learned in pathology and medicine in nature.

All the constituents or essential conditions which determine the progressive perfection of society exist externally in nature and in proportion as men discover and apply them, so will they go on perfecting that progression.

The economy of nature is demonstrated in the universal fitness of things and in the following fact, that our mother earth is the one great primary source of all existence from whose bosom all sustaining and curative agents can alone be obtained.

The earth is the primary source of all existence. The mineral kingdom is first in the order of nature. The vegetable kingdom would not have existed but for the mineral, inasmuch as all vegetable life is nourished and sustained by it and without it there could be no existence. The vegetable kingdom therefore, holds the second place in nature.

The animal kingdom is equally associated with the mineral through the direct agency of the vegetable; hence we find both the animal and vegetable partaking of the nature and properties of the mineral. They are nevertheless perfected through the organic forces belonging to their natures. The animal kingdom, therefore, holds the third place in the progress of nature.

"All are but parts of one stupendous whole."

Every organized being, whether vegetable or animal, possesses its own peculiar natural instincts which direct and attract it to such substances or matter, as by natural economy and provision, assimilates with its organization and by which it is enabled to build up its existence, continue, perfect and transmit its species. As the mineral kingdom is the first in the order of nature, so do we find the disposition of all vegetable organizations directing themselves toward the particular soils best adapted to supply the elements of which they are composed; and here we notice a striking and distinctive feature in the mineral kingdom, and to which the name "mother" has been applied. "She gives all and receives all," and by some power or powers beyond the reach of our philosophy (which it is not necessary for us to know) out of decomposing substances, elaborates all the variety of organisms which exist upon its surface.

Seeing that all organic bodies derive their substance from the earth, the inference to be drawn is, that they differently contain within themselves certain of the elements of which the earth is composed; this inference is proved to be correct by the researches of modern chemistry, which demonstrates plants to possess the peculiar properties characteristic of the soil in which they naturally propagate themselves.

Certain elements of the earth are also found in animal bodies, as lime in the bones and iron and sulphur in the blood and these constituents of the bone and blood, which by natural action of the animal economy undergo a continual waste, are reproduced by the assimilative materials necessary to the life of the animal.

We have said that "we find the dispositions of all vegetable organizations directing themselves to the particular soil best adapted to supply the elements of which they are composed." This is also the principle of animal existence.

The instincts of all animal life, whether of man or beast, teach us that each according to its nature, seeks to sustain itself by partaking of such agencies as best enable it to fulfill the duties and obligations of life. Unlike the plant, animals are not confined to a spot, but

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seek the means of life and existence in different ways, some being carnivorous others herbivorous, whilst others partake of both natures, and live alike upon animal as well as vegetable food. Each animal, however, is perfected like the plant, agreeably with its element, freedom from molestation and general security and transmits its like and lives and dies accordingly.

If then the natural instincts of all existences, unobstructed by artificial means, point out the certain path to their own conservation, what is the most striking characteristic manifested in the lower orders of the animal kingdom?

No creature breathing upon the surface of the earth has ever yet been known or found seeking beneath it for mineral substances, either to sustain it in health or cure it in disease.

We will not inquire what is the most striking characteristic of the vegetable kingdom?

Vegetables variously contain all the elements, metallic and gaseous, which form the totality of the mineral kingdom. No vegetable of any kind is a purely simple or elementary substance; barks, roots, herbs, etc., are compounds of from five to twenty distinct ingredients. All vegetables contain minerals or earthly substances. Absorbing by their many roots the materials of the soil in which they grow, they, as a matter of fact, possess within themselves the various mineral and earthly substances composing the soil which nourishes them, hence they are found by chemical analysis to contain iron, manganese, copper, potassium, sodium, calcium, magnesium, aluminum, etc, all of which are purely metallic substances. Many mineral salts are detected in plants, roots, barks, seeds, etc., and we may truly assert that very few vegetable substances are known which do not contain metals or minerals of some kinds. Many of the most valuable therapeutic agents, as hops, croton oil, rhubarb, elecampane, anise-seed, wild cherry, Alexandria senna, quassia, mezereon, yellow dock, jalap, colocynth, etc., contain at least three distinct metals; others, as common broom, blessed thistle, male fern, scammony, cocculus, scrophularia, etc., contain at least four distinct metals, and others, again, contain five or six, as ginger, haematoxylon, gum arabic, hyoscyamus, zedsary, smilax, seneca, and many others of equal or superior therapeutic value and which are in common use as medicines. Common tansy contains volatile oil, fatty oil, wax or stearine, chlorophyl, bitter resin, yellow coloring matter, tannin, gallic acid, bitter extractive gum, woody fiber and tanacetic acid—twelve distinct substances. Taraxacum or dandelion is composed of caoutchouc, bitter matter, resin, sugar, gum, albumen, gluten, an odorous substance, extractive, free acid, phosphates, sulphates and hydrochlorates of potash and lime, water and inulin.

Capsicum is composed of an acrid soft resin (capsicine), red coloring matter, woody fiber wax, aromatic extractive, gum, albumenous matter, water, citrate of potash, phosphate of potash, and chloride of potassium.

Gum myrrh is composed of volatile oil, soft resin, hard resin, soluble gum, insoluble benzoates, malates, phosphates, sulphates, and acetates of potassium and lime.

Wild cherry bark contains starch, resin, gallic acid, tannin, fatty matter, salts of lime, potass, and iron, lignin, hydrocyanie acid, volatile oil, red coloring matter, salts of lime, potass and iron.

Rhubarb is composed of pure rhubarbaric acid, gallic acid, tannin, coloring extractive, uncrystallizable sugar, starch, gum, pectin, woody fiber, water, malate of lime, gallate of lime, oxalate of lime, carbonate of lime, sulphate of potash, chloride of potassium, phosphate of lime, carbonate of magnesia, alumina, silica, oxide of iron—

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twenty-four distinct constituents. As carbonate of lime is composed of carbonic acid and lime, sulphate of potash, of sulphuric acid and potash, chloride of potassium of chlorine and potassium, and so of malates, gallates, phosphates, etc.

Hyoscyamus contains fatty oil, waxy fat, resin, malate of hyoscyamus, ammonia, uncrystallizable sugar, gum, albumen, starch, barsorine, vegeto-animal matter, malate of potash, malate of lime, malate of magnesia, phosphate of lime, phosphate of magnesia, chloride of potassium, chloride of magnesium, sulphate of potass, sulphate of magnesia, silica, manganese, iron and copper—twenty-seven constituents or distinct substances.

Thus we could continue to name the therapeutic constituents of hundreds of remedies prepared in nature's laboratory. Here, then, are important indications directing us to the source from which remedial agents are to be derived; here is, in part, nature's book on therapeutics and if properly understood and applied when indicated will antidote almost every disease the human body is subject to in life.

It needs not the words of "Holy writ," "and by the river upon the brink thereof, on this side and on that side shall grow all trees for meat, whose leaf shall not fade, neither shall the fruit thereof be consumed; it shall bring forth new fruit according to his months, and the fruit thereof shall be for meat, and the leaf thereof for medicine."

It should not need the language of scripture to prove this; man's reason and experience should be sufficient when not blinded by prejudice and stupidity.

But how do we know when all or any part of the constituents of these nature's remedies are indicated in the abnormal condition of the body? If we have spent many years in the study of therapeutics and pathology we must have become generally acquainted with the normal as well as abnormal conditions of the human body, for unless we know the constituents of the body which I express by the formula, $C_{48}H_{86}N_6O_{18}$ as representing molecularly the natural constitution of man, how can we apply any therapeutic agent, but empirically on the say so of some one?

Nature and reason must be our guide. The dictates of nature in therapeutics and pathology are in harmony with science, but the person who attempts to apply them must also be in harmony with nature and science to make them effective in overcoming disease in the human body.

* * *

A FEW SUGGESTIONS AND THOUGHTS FOR WORKERS IN ELECTRICITY

By W. Stuart Leech, M. D., Brooten, Minnesota.

From my limited experience I would judge the following to be the cause of the aurora borealis viz.; a moving, damp atmosphere comes in contact with an atmosphere of dryness of a temperature forty degrees below zero which is going in the opposite direction, thereby generating electricity which is dissipated to or from the earth in induced streams. The dry current is generally from the upper stratas of atmosphere which may be driven earthward with great veloctiy and frequently retains its degree of coldness as is witnessed in some of our blizzards. The aurora is simply induced electricity.

Accepting the theory that electricity is compressed ether we will say that when it moves rapidly in the form of a bolt through space it is destroying or parting all known matter including the invisible air and ether thereby giving up a peep into another dimension of space which is coexistent and "colocus" with our material. The ether

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and air are black and are admirable mediums for shielding us from the spiritual world in our midst. When these two material substances are parted we have as it were, the drawing aside of the veil forming a crevice or crack in the material wall. The thinner the veil the larger the crack made by these moving bodies and the greater is the light which may be emitted and be blinding.

Glass, resin, and water have a great amount of negative electricity, hence the light color. Positive electricity jumps more than negative, which can be easily demonstrated by holding a match alternately to the two poles of your static machine. The current will follow the match more at the positive pole.

I had the good fortune to be an eyewitness to the action of two cyclones in different parts of the sky at the same time for the space of three-quarters of an hour . The attraction to the clouds and to the earth was just sufficient to balance each other with one of the cyclones. Occasionally the earth's attraction would be the greater and down would come the tail of the whirling funnel and pick up the dust, weeds, and water from a stream on the prairie. Time and again one side of the funnel would be ascending as the other side was descending. The attraction in the clouds became stonger and stronger and after repeated faliures eventually succeeded in drawing the funnel out of sight. Here was positive and negative electricity reaching the earth by induction — induced electricity — the clouds being one plate and the earth the stationery plate with the electricity moving from one earth bed through the air via the clouds to the other bed, creating a great commotion in the air.

They tell us that electricity travels on the surface of bodies and they prove it with metals. Inform me then, how the current travels within the living body? It can be demonstrated by placing a naked point of an insulated wire within the stomach or on the os uteri and then applying the current to the surface.

Earth currents may cause heat or cold (see Enc. Br., page 57). If they produce degrees of heat are they traveling on the earth's surface, along the water courses, or only through the damp portions of the earth? 'Tis true they move from the earth to the clouds and clouds to earth, also from a coal bed to a metal bed which may be separated by a distance of five hundred to a thousand miles. Let men of science and of the Rockefeller Institute, men who have the time and money, let them construct an electrometer for measuring these earth currents, their character and directions during the four seasons, and we general practitioners will instantly show you how to prevent and heal more than one-quarter of the diseases human flesh is heir to . A man of a little brains, a system of unobstructed ground telephone wires, an electrometer (to be constructed by him) and two good years' time can do for the electric world what Maury did for the ocean currents. Not only that, but it will be of untold benefit to the human race. For instance, a continuous current of electricity, be it positive or negative, induced or static, going through the body for an indefinite time will produce first an irritation, then a disease. It may be asthma in one person, rheumatism in the second, and nervousness in the third. Reverse the current or give a different variety, or insulate, and instant relief will be obtained. A steady current travelling from the iron beds of Minnesota to the coal beds of Kentucky and Indiana may make fifty thousand asthmatics gasp for breath at the same time, or it may be the cause of ten thousand neurotics crying out with pain the same day. If we have our electrometer we will say what variety of electricity are they getting? Is it static or what?

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If so we will place them under a different environment, a different current, or perhaps, we will give them galvanism, the most natural form of electricity.

Another thing, if this electric force continues in the same direction for months at a time we can turn it to commercial uses by having it applied to machinery. Example—our needle which is held pointing to the east has a continual force pulling it to the north, equal to say one grain per minute for a distance of four inches. If we can construct one needle to carry one grain continuously in the same direction why not construct ten thousand needles to carry ten thousand grains? Prophets have not dreamed of the wonderful things that are yet in store for the human race.

THE APPLICATION OF CERTAIN PRINCIPLES OF PLASTIC SURGERY IN CLOSING DEFICIENCIES IN EXPOSED CUTANEOUS SURFACES

By Charles C. Miller, M. D., 70 State St., Chicago, Ill.

(Continued from Page 114 April Recorder)

Previous to the development of the aseptic technic, to avoid extensive undermining, incisions were made in the neighborhood of the defect to be closed so that the tissues could be approximated at the site of the defect, the subsidiary incisions being left open to heal by granulation. Where these incisions were made to facilitate closure of a defect, the object in closing the defect, as a rule, was to overcome some unpleasant condition and not so much to improve the appearance of the patient. It can be seen that if a defect was closed in this way about the face unless the subsidiary incision was made below so that it would be hidden by the clothing that it would hardly improve the appearance of the patient. If it is possible to undermine extenstively parts can be approximated as readily as though the subsidiary incisions were used so that it is seldom that they are indicated in face and neck surgery.

A circular defect is sometimes closed in the following manner. A suitable diameter of the circle is selected and extended from opposite sides of the circle in a straight line for a distance equal to one-half the diameter of the circle. Now a curved incision is carried parallel to the circumference of the circle for a distance equal to one-fourth the circumference of the circle. These curved incisions travel towards opposite sides of the circle so that they terminate with the defect between them. If each flap which has been formed is advanced into the circular defect its closure may be accomplished.

We have been discussing the method of overcoming deficiencies in the soft parts and have frequently spoken of flaps, but in all instances these flaps have been as broad or broader at their bases than at any other portion, and they have not been rotated through an arc of a circle in order that the defect which they are to close might be reached. The flaps now under consideration are taken from points somewhat distant from the point which they are to cover, and the flap is rotated upon an arc of a circle for from forty-five to ninety degrees. When the flap is in position it is dependent primarily for its nutrition upon a pedicle somewhat smaller than its broadest portion.

The use of the flaps which we have just described for the repair of defects about the face have become more and more limited as we have advanced in plastic work about the face, and today it is very seldom that they will prove the best means of closing a defect or replacing a lost portion of tissue.

Where flaps are used though it is necessary for the surgeon to understand

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certain facts in relation to the forming, transferring and fixing of them, for it is highly important that such flaps are not lost through gangrene. Flaps are formed in any shape desired, and where the flap is irregular it is advisable to carefully outline it from a pattern which has been traced over the original defect.

In transferring a mass of tissue in this manner under consideration, it is important to remember that considerable shrinkage subsequently occurs as the result of cicatrization so that the mass of tissue making up the flap should be larger than the defect to be overcome. It has been the custom of surgeons to recommend that the tissue in the flap be one-third larger than the defect to be covered, but in most instances at the present day it is advisable to make the difference in size somewhat less than this as quite a considerable time must elapse before the shrinkage of a very large flap will be sufficient to make the parts conform with the natural, and at the present day if after the elapse of a considerable time it is found that the shrinkage has been too great the deficiency can be filled out by a deposit of paraffin.

It is important in all cases to carefully prepare the area for the reception of the flap. The parts must be denuded so that healthy normal tissue is exposed to contact with the under surface of the flap. In many instances it will be for the improving of a defect which has cicatrized in an irregular and unsightly manner that the plastic operation is attempted and in such a case the cicatricial tissue must be removed if prompt union of the flap is to be expected.

If an attempt is made to transfer a flap so as to cover a wound filled with cicatricial tissue the possibilities of success are less than where normal tissue is exposed for contact with the flap. In pre-antiseptic days the possibility of causing union of a poorly nourished flap of tissue to a raw surface which contained a considerable amount of cicatricial tissue was very much less than at the present day. With the much greater probability of a flap uniting in the presence of aseptic surrounding the surgeon must not expect too much in this respect. Whenever possible cicatricial tissue should be sacrificed. When a surface has been denuded for the reception of a flap, an oozing may develop which the operator believes will cease shortly and he may be tempted to separate his flap, thinking the oozing will cease by the time he is ready to fix his flap in place. Unless the operator is certain there is no cicatricial tissue in the wound he should not free his flap until the bleeding is controlled, for such may persist and be controlled only with difficulty, and if the flap is lying attached only by its pedicle, it is jeopardized unnecessarily. In controlling an oozing from a raw surface heat may be used quite freely with little fear of interference with the union of the parts.

Heat often fails to control bleeding satisfactorily, and the judicious use of a solution of the chloride of adrenalin may be more effective. This solution contracts the smaller blood-vessels and thus checks bleeding; too strong a solution favors a secondary bleeding which may separate a flap from the underlying tissues and prevent its attachment.

Torsion is often a very useful method of checking the bleeding from small points. In using torsion the tissues must be picked up and twisted until they partially give way. A button of tissue is formed and this includes the bleeding point. If the vessels are not twisted sufficiently they may untwist and the bleeding recur. If the twisting is continued too long the tissues are twisted off and the bleeding will continue.

Where torsion is carefully applied the small button mass of tissue formed does not interfere with the union of the overlying flap.

Sometimes torsion cannot be applied

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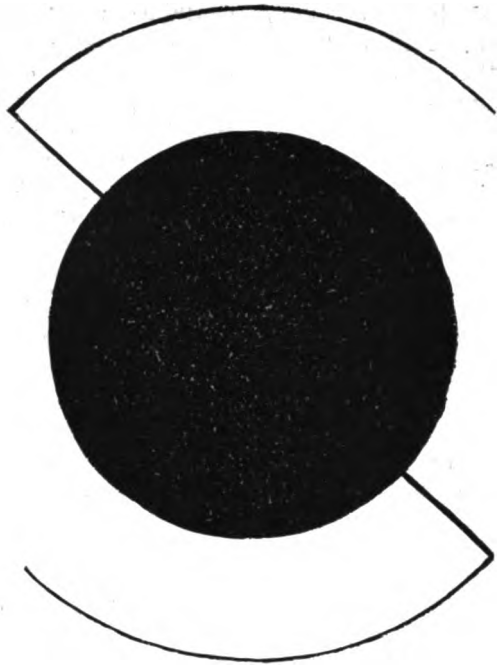

FIGURE 1.

Figure 1. Illustrating manner of closing of circle.

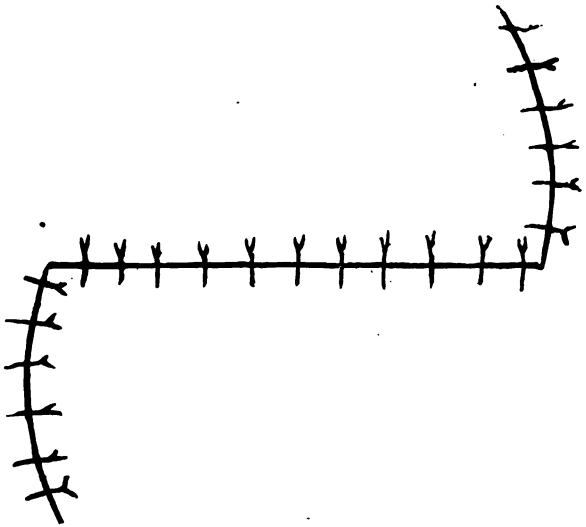

FIGURE 2.

Figure 2. Closure complete showing lines of suture.

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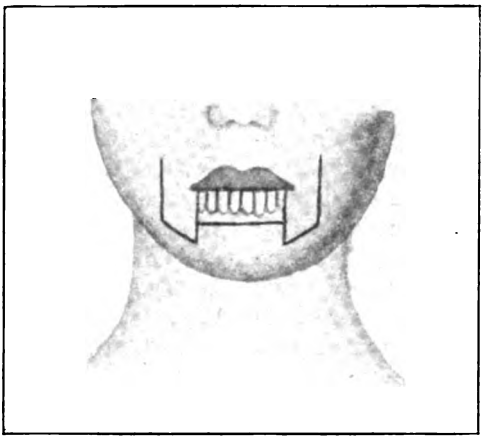

FIGURE 3.

Figure 3. Flap restoration of lower lip.

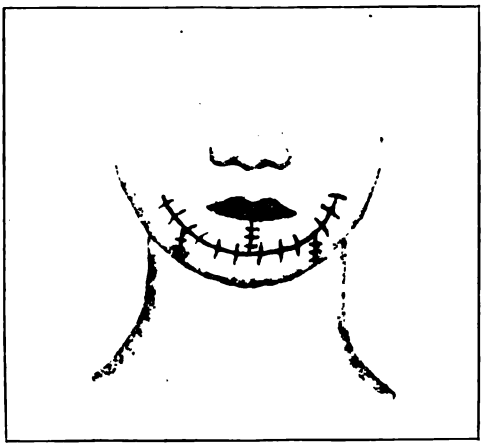

FIGURE 4.

Figure 4. Operation complete.

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with any considerable degree of success. If scar tissue is present and cannot be removed a persistent bleeding may occur, which can only be satisfactorily controlled by the application of a fine catgut suture. The finest plain catgut must be used for this purpose and it should be applied in the form of a mattress suture. The sutures are applied including only the bleeding area and they are gradually tightened until the bleeding stops. They are then tied without further tightening. The fine catgut remains in the tissues only a few days and even where a considerable number of sutures are used the healing is satisfactory.

(To be Continued.)

EPITHELIOMATA

By James Burke, M. D., Manitowoc, Wisconsin.

That the age of usefulness of man is several years less than that it should be is not to be wondered at when we contemplate the vicissitudes of life of the ordinary individual. He clambers up the ladder of common inheritance from the beginning of his existence practically unaided by the available scientific aids; some brother is constantly setting stumbling blocks in his sufficiently precarious way, in the form of the modern ideas of the value of alcoholic beverages; the "essences of health," "the doctor at your home," and several other ingenious aids to keep the physical status of man in the present condition of artificial construction, for the pecuniary benefit of the exploiters of the average man's welfare.

The average person past fifty is an exponent of "'the survival of the fittest"; his physical makeup is fairly artificial; he is habitually addicted to the use of alcoholic beverages; to the use of tobacco; to the excessive use of condiments; to some favorite dope in the form of some proprietary medicine or to something else equally detrimental to health and longevity.

His quantity and quality of digestive ferments are artificial; hence his necessity of having to resort to excessive use of condiments and other stimulating expedients to digest his food.

The reversion and synthetization of his ingested food is abnormal, but for a time is fairly in harmony with his structural artificiality. The scientific treatment according to the normal physiologic laws is an impossibility, for he has been too long using Booster's pills to keep a daily semblance of a bowel motion, or he has been using a coal tar headache or neuralgia remedy for years which has depleted the source, quantity and quality of his red corpuscles and left the blood and tissues burdened with the debris.

The long continued effort of the immunizing power of the body, to successfully dispose of the artificial waste has taxed the bone marrow, the lymphatics, the adrenals, the thyroid and the pancreas so severely, that now the rallying point of his career is almost at an end.

To do anything for the patient the immunizing power of the body must be suddenly and rudely aroused by giving a poisonous dose of some therapeutic, active vegetable principle, whose therapeutics in ordinary deviations from a physiologic course, would be in small, frequently repeated doses to neutralize an affinitive cognate toxin in solution in the blood.

The poisonous dose of the alkaloid will, if it is possible, arouse the blood making and auto-antitoxic powers of the sick body; a poisonous dose of some mineral will have the same effect. It is not scientific to burden the pages of a medical work or journal with the treatment of such cases, unless the artificiality of the patient's existence is fully gone into in the report. If the patient was suffering from chronic rheumatism and the doctor squirted an

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amount of antistreptococci serum into him, and in consequence the body's immunizing power was aroused into furnishing a relatively good quality of adrenoxidase to replenish the hemoglobin and energize the cellular enzymes and protoplasm; to furnishing opsonins and pancreatin or trypsin to enable the phagocytes to convert the dominant disturbing toxins into living granulations, or into normal incitants of the excretory organs, there is no scientific reason that the shock to the system by the poisonous use of some other active proteid principle would have the same effect. The artificial deviation of the protoplasm and enzymes of the patient's tissues acting in consonance with extraneous sources of irritation to the skin, further deteriorates the nutrition of the skin, and is the logical elucidation of the prevalence of epitheliomata of the skin and mucous membranes.

The destruction of the embryonic tissue in skin cancers and other malignant growths quite near the surface where the disintegrated tissue can be readily cast off, destruction by the X-ray or suitable escharotics is fairly successful, especially if the ray is successful early in the treatment to render the lymphatics impervious, thus forestalling metastases.

But the successful treatment of deeply seated cancers by the X-ray depends on the working capacity of the immunizing power of the body to economically dispose of the disintegrated tissues. But the prevention is more economic than the cure of any disease.

The people should be taught to utilize the abundance of medical science at their command, supplemented by the knowledge that there is no virtue in the use of alcoholic beverages, and that the oft repeated injunction of regularity in eating and sleeping, not to over-tax by work, nor excessive enjoyment, early to train the moral attribute of our being to symmetrize with the physical and mental attributes.

The proper therapeutic use of sanguinarine, chelidonin, condurangin and resorcin will materially assist the immunizing power of the body in economically disposing of the proteid pabulum derived from the disintegrated embryonic tissue.

NEURALGIA OF THE AGED

By W. C. Abbott, M. D., Chicago, Illinois.

Every now and then, directly or indirectly, through correspondence with the profession at large, there presents to me the case of an elderly person suffering from some type of neuralgia, the cause of which, in my experience, is usually autotoxemia—lack of balance of ingesta or eggesta—or, in other words, inability of the system (with lack of requirement) to digest and assimilate the quantity of food taken.

Therefore, other possible causes being eliminated or taken care of, the treatment is to first reduce the diet, usually by the cutting off of a little of everything that is taken, sometimes by paying especial attention to the amount of nitrogenous foods consumed. It must be remembered that in the decline of life people do not need as much food as they do when the powers are increasing, therefore, care should be taken with the diet, to eliminate carefully and to tone up the tissues.

One of the best general expedients for such cases was suggested by Burggraeve; the use of the dosimetric trinity (aconitnie amorphous, gr. 1-134; digitalin, gr. 1-67; strychnine arsenate, gr. 1-134) three of each, or three of the compound granule, at night, followed by a q. s. dose of saline laxative in room-warm water the following morning, adding two to four triple arsenates with nuclein (strychnine arsenate, gr.

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1-134; quinine arsenate, gr. 1-67; iron arsenate, gr. 1-67 and four drops of nuclein solution each) after meals.

The "trinity" dose at night forcibly opens the capillary circulation, stimulating elimination all down the line (two cactin, gr. 1-67 may well be added) while the saline flushes the sewers the following morning. The night dose of trinity, especially when combined with cactin, 2-67, an invincible door-opener, is particularly indicated in cases of incipient (even pronounced) arteriosclerosis and this for obvious reasons.

This treatment may well be continued for a long time. Many old people of my knowledge and personal acquaintance have taken it for years with advantage, any nonsensical ideas of the harm resulting from the continued use of saline laxative (magnesium sulphate in effervescent combination) notwithstanding, while the triple arsenates with nuclein (see formula above) is, at all times and for all ages, one of the best reconstructive tonics.

There is no more appreciative patient than an elderly man or woman who feels that life, with its joys and opportunities, is slipping away from them and none to whom we can more wsely for our own sakes, or should more carefully, for their sakes, give our best attention.

Many a young man's practice has received its first real impulse through his kindly, careful care of some old person not sick enough to be interesting to the going doctor—at least this has been the writer's experience as well as that of others with whom he has discussed the question. Therefore, take care of the old people and unless you have something better (and if you have you will tell us) try out the suggestions above, not forgetting arbutin for irritable bladder, boldine for lack of elimination of urinary solids and kindred expediens that will readily present themselves as the thought is considered.

DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some help with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

FEES FOR LIFE INSURANCE EXAMINATION

The value of organization to the medical profession has been shown, in the general establishment of five dollars as the rate for payment of examination in the old-line insurance companies. That this has generally been successful, the writer judges by the fact that a prominent official in one of the most active companies now in operation, recently stated in conversation that the movement had probably cost his company twenty-five thousand dollars in extra fees during the last eight months. He complained strongly of this expenditure, saying that while five dollars to the busy city physician was little enough for an examination, to many practicians in the country three dollars was a relatively much larger fee, these men being accustomed to receiving much smaller fees than their city brethren and having smaller expenses.

Be this as it may, the incident is notable as being the only actual good resulting to the rank and file of our profession, to show for the efforts they have put forth, the sacrifices they have made and the loads they have carried, in sustaining medical organization. It should be cherished religiously as the only item placed on the credit side, against the long list upon the other.

But why does the medical organization stop here? Why should it be worth five dollars to examine for an old-line life insurance company, and only one

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dollar for a fraternal organization? The conditions are the same, the necessities are the same, the obligations upon the examining physician are the same, and his qualifications are the same, the fitness of a physician as an examiner is identical. Why then, this difference in fees? Simply because nobody yet has taken up the question and called attention to it. We see no reason whatever for limiting the examining physician of a fraternal organization to one dollar, when for examination for an old-line company, identical in every respect, the examiner receives five dollars. This is in itself a handicap against the old-line companies. It is not right.

The fraternal organizations have at present much to answer for. The increased assessments of the aging members, by which the latter are driven out of these so-called "fraternal" organizations, at the time when their earning power is as a rule decreased or altogether extinguished, renders the designation of fraternal a misnomer. The establishment of reserve funds means doubling the actual cost of insurance. If to this we add the increased mortality due to cheap examinations by cheap men, altogether it looks as if this form of insurance would be less popular in the future than it has been in the past. We believe the time has come for an exploitation of this subject, and that the same general demand which compels the old-line companies to sustain examination fees at five dollars, would accomplish the same object with the fraternal orders.

The conditions under which medical examiners are employed by fraternal organizations differ widely from those of the old-line companies, and undoubtedly this is one cause of the larger mortality occurring among the fraternal organizations. The old-line companies select from their central offices a physician, whose qualifications are closely scrutinized. Being employed by the company he gives to the company any doubt that there may be in the applicant's case, the examiner's interests being with the company rather than with the individual. In fraternal organizations on the contrary the examiner is elected by a vote of the local lodge or branch, and the man who is elected is as a rule not the best qualified physician of the locality, but on the contrary is a young man without much practice, the "fraternal feeling" being exemplified by the desire of the lodge members to give the youngster a chance. His sympathies are all with the individual, and the benefit of a doubt goes to the applicant—not to the company.

A result of this we noted some years ago, when in the monthly reports of an organization in which we were ourselves insured, we noted each month several deaths announced which had occurred within a very brief time, a month or less, of the day on which they had passed the examining physician. These deaths were due to such chronic affections as pulmonary consumption, organic heart disease, nephritis, etc., which evidently had existed in an advanced stage at the time that the applicant was passed. We called the attention of the officers of the organization to this in a personal letter, and on the appearance of the next month's bulletin we saw that our warning had been heeded, for the company ceased henceforth to publish the data which gave the information above quoted! That was all. No reform whatsoever was made in the methods of the company, so far as we know. No warning was extended to the examiners to be more heedful in these matters, but the officers simply covered up the injustice which was being practised upon the members at large. In fact, in the lodges themselves, there has been demonstrated at times a disposition to make the matter of passing a doubtful candidate one of charity rather than of business, the applicant being passed because he needed it, or to provide for his funeral ex-

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penses and for his family, at the expense of the order at large, the proportionate expense to the local lodge being insignificant. This abuse would be obviated if the examiner were not dependent upon the local lodge, but appointed as the agent of the central authorities, to guard against such abuses.

W. F. WAUGH, M. D.

Chicago, Ill.

POTASSIUM PERMANGANATE

There are several things that potassium permanganate can be used for both internally and locally but its main use is rather limited but fills its place well. In cases of fetid breath a wash for the mouth of a solution of potassium permanganate, one grain to ounce of rose water is of value. A stronger solution made with water makes a good wash for the mouth in cases of thrush and in cases of ptyalism from mercury. It is a well known fact that potassium chlorate in solution is the most commonly used remedy as a wash in cases of mercurial ptyalism but according to my experience it is not nearly as good a remedy as the solution of potassium permanganate. A solution of potassium permanganate in water makes a good gargle in many cases of sore throat and in chronic cases of otorrhoea. When using it for otorrhoea care should be taken not to use it too strong. One to ten grains in a pint of warm water makes a good deodorant wash in chronic nasal catarrh. A solution of this remedy has been used with good results in gonorrhoea. I do not know whether a solution has ever been used as a rectal injection in chronic diarrhoea and dysentery but am satisfied that it would be of much value. It would no doubt cure amebic dysentery.

In diphtheria, potassium permanganate has proved to be of value given in one-half grain doses. It is an antidote for morphine when used for this purpose and about twice as much should be given as morphine was taken. It is by some considered to be an antidote for all alkaloids and is used locally in snake bites. A solution of potassium permanganate, one grain to the ounce, is of value in removing fetor of the feet. It has been used in flatulence attendant on obesity.. In lithemia it is thought that potassium permanganate converts uric acid into urea and thus prevents the formation of uric calculi.

I have seen the statement made that a solution of permanganate of potassium used as ink would soon fade. I have tried it and did not find it to be true as long as I kept it.

Potassium permanganate has been used in one-quarter to one grain doses in puerperal fever with benefit. In scarlet fever it can be given internally in one-quarter to one grain doses and used locally.

A very weak solution of potassium permanganate will stain the skin. This can be removed by washing with a saturated solution of oxalic acid.

Potter quotes Ringer that potassium permanganate, gr. j, thrice daily, increased to gr. ij. is the best of all remedies for bringing back the menses, having specific action on the uterine tissue. Doctors Reber and Parvin state that it is excellent in amenorrhoea and is by far the best emmenagogue. In pill it may explode; best given in capsules with powdered elm or licorice.

There are cases of deranged menstruation in which the menstrual period will be detained or lost several days, it not being free enough, and at times stopping or almost stopping and then getting a little freer. In such cases I find that potassium permanganate acts well.

If this remedy had no other action, only its action on the female sexual organs it would deserve a valuable place with the general practitioner. I have never known it to be tried for suppress lochia but feel sure it would work like a charm.

J. A. BURNETT, M. D.

Auburn, Arkansas.

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RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

THE RELATION OF THE PHYSICIAN TO THE ALCOHOL PROBLEM.

What has heretofore been mainly a matter of scientific discussion and a problem for physiological research has with surprising suddenness become a live question of practical politics. It is no longer merely the alcohol problem, but the liquor question. The people everywhere have taken it up and are applying themselves to its solution. They are going at it with the impetuosity characteristic of the American people and the result will be a lot of inconsiderate and intemperate legislation carrying the seeds of defeat within itself. The subject of alcohol and its abuse is considered by the general public almost exclusively from two points of view, those of economics and of morals. On the one hand the inebriate is looked on, treated and condemned as a moral weakling and the misery depicted which he inflicts on the innocent, on the other an estimate is attempted of the enormous losses sustained by the commonwealth through drunkeness directly as well as indirectly through disease, insanity and crime caused by it. Efforts of reform based on those views alone, although pursued for many years with vigor and an almost religious zeal, have so far been only moderately successful. It is only recently that an entirely new conception has come in which furnishes a safe foundation against alcohol. It is the knowledge that inebriety is a disease with a distinct physical basis. The idea elaborated by scientific workers is being generally accepted by physicians. It places the physician into a new attitude towards the alcohol question and imposes a new duty upon him. Dr. T. D. Crothers, of Hartford, Conn., made it the subject of an address to the Mississippi Valley Medical Association. Dr. Crothers' views of the influence of alcohol on the human economy are, as is well known, very pronounced and his conclusions are not shared in their entirety by perhaps a majority of medical men. But he is such an indefatigable worker and possesses such extensive knowledge in his field of research that his words must receive at least a respectful hearing. He is very emphatic in his opinion that every case of inebriety is marked by distinct physical causes and that the physician who fails to recognize them and believes in moral causes when called to treat such cases, always fails. "Moral counsel and placeboes," he says, "to a starved, poisoned inebriate practically drives him into more incurable conditions."

Relief, as it is being sought today by all mankind, can come only through an accurate understanding of the exact causes, conditions and effects. The medical man is best fitted to understand them for they come within the province of his work. He is therefore the logical leader and teacher in this field and the physician who neglects to study the problem of alcohol, the causes and conditions which govern its growth and development and its application to all phases of human life, neglects his duty. The most effective teaching is always that by example. Crothers may go too far when he says: "The physician who defends the moderate use of spirits as a beverage and puts in practice his theory, has lost his way as a medical man and is sadly belated in the march of science." But certainly none are more fitted than physicians to assume

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leadership of the temperance movement, for they can best understand the physical laws and causes of alcoholism and its results.

EXCESS IN MEDICAL EDUCATION.

No one can have a higher appreciation than the editor of the Rundschau of the value of a thorough education, especially for professional men, for he grew up in an atmosphere where learning and scholarship were looked on as the highest goal obtainable. He has always supported all movements to raise the educational standard of his professional brethren, but he must take exception to the stand taken by the American Academy of Medicine. This organization, membership in which is limited to physicians who have a college degree and to which belong most of our prominent medical teachers and authors, in addition to the high class work of its annual meeting has for some time devoted attention to the question of education. No one will deny that the weakest part of our system of medical education today is the low standard of preliminary requirement; we all welcome efforts at greater unification of medical teaching and probably agree that the lengthening of the course of study is beneficial.

But when the demand is made that a college degree should be the entrance requirement to a medical school, it seems time to call a halt. At a special meeting held by the Academy on January 2nd, to which were invited educators such as Presidents Jordan of Leland Stanford, and Schurman of Cornell Universities, for the only purpose of discussing the subject, weighty reasons were brought out for and against. The strongest seem to us those of Dr. R. G. Curtiss, of Philadelphia, and Professor Henry Gerrish, of Bowdoin. The former objects that the plan would crowd the poor boy out of the medical profession, for under it a man will be twenty-seven years old before he gets his diploma, and over thirty before he can earn more than a bare living. It is not a pleasing thought that the medical profession should become the prerogative of the rich man's sons, and it would not help the progress of the profession. In medicine, as in other callings, the great work has been and is being done by the poor men, many with a limited preliminary education. It is also true that as a rule, the older a man is when he begins his professional life, the less aptitude he has for work and the less successful he will be in practice.

Professor Gerrish, backed by an experience of thirty-seven years as a teacher of medicine, believes that the primary and principal object of medical schools, to make general practitioners, is being forgotten and that there is an excess of effort in medical instruction. The curriculum of a medical school should be arranged with principal reference to the needs of the general practitioner. But too much is being attempted and therefrom arise the dangers of setting up false standards or of raising true standards to unreasonable heights.

The essence of the controversy lies in the fact that the distinction between education and information is not kept clearly in mind and that the accumulation of a store of knowledge is thought to be education. That is a very common fallacy, found in every field of intellectual training.

President Woodrow Wilson of Princeton University criticizes it in these words: "We must remember that information is not education. The greater part of the work that we are doing in our colleges today is to impart information. One of the principal objects of education should be enlightenment, or the unloading from the minds of the pupils of the misinformation that they have received. Instead, we are daily cramming their minds with an enormous mass of irrelevant facts."

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LOCAL ANESTHESIA IN FRACTURES.

Local anesthesia for the handling of fractures has been recommended for some time, but has not come into general practice. Its advantages over general anesthesia are sufficiently great that it ought to come into general use. It allays pain, relaxes the muscles and is not followed by an unpleasant reaction. A syringe with a long, strong needle is used to inject the cocaine between the bone fragments and into the tissues close to the break. A one per cent cocaine in normal salt solution with adrenalin is used. The adrenalin prevents, in part, the formation of leuratoma. Five to eight c. c. of the solution are injected. Relief begins shortly and in ten minutes the fracture can be painlessly manipulated, with no muscular spasm; in fact, just as well as under general anesthesia. The method is applicable to most fractures, but seems particularly suited to Colle's fracture—fracture about the elbow, the lower leg, and especially those just above the malleolus. Nose breaks can be painlessly and artificially manipulated and reduced.

A REVOLTING CASE.

Under the title "The Closed Door," Dr. Picot reported in a French medical journal an extraordinary experience to which it will be hard to find a parallel. He was consulted by a woman of forty-six years with symptoms indicating some indefinite uterine disturbance. As she refused physical examination, antiseptic douches were ordered in a tentative way. When seen again some months later she bore evidence of suffering and had lost flesh but again refused examination. More than a year after the first consultation the doctor was called to the woman's house and found her in bed suffering violent pains. Then she confided to him that two years earlier her husband, prior to separating from her, had inserted into her vagina a drinking glass in order to prevent her serving other men. With some difficulty a conical glass turned bottom upwards was removed which measured 9 c. m. in depth and nearly 6 c. m. across the bottom. A prompt cure resulted. The case is quite as remarkable for the cruel brutality of the man, as for the meekness with which the woman bore the indignity, physical injury and subsequent suffering.

ARE YOUR GROCERIES CLEAN?

The Illinois State Board of Health Bulletin very sensibly remarks:

Everyone knows that the grocer contends continually with a great many uncleanly and unwholesome conditions. The very nature of the substances with which he deals has a tendency to make the store untidy. Yet if the store is untiry and unwholesome how can the goods which come from it be cleanly and in good condition.

One thing should always be remembered, and that is that the dust blown about by the wind in a city street is full of bacteria and all sorts of vile contamination. If fruits and vegetables are exposed for sale on the sidewalk without covering, they must invariably accumulate a stock of filth which is not a good thing for the stomachs of human beings.

Everyone recalls how such fruit and vegetables are frequently covered with a heavy layer of perceptible dust, this dust being nothing more or less than the dried offal of animals, the sweepings of houses, and all sorts of foul and unnamable filth. Fruits and vegetables should be exposed for sale only in closed receptacles.

Prominent specialists claim that spinach is the most precious of vegetables on account of its medicinal and strengthening properties. It is excellent for the liver and, as a consequence, freshens the complexion. Spinach contains a relatively large dose of iron.

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We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

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UTERINE CURETTAGE

Routh said that he could not recall any acute septic condition of the endometrium where curettage with sharp curette had done any good. Gordon, in the Lancet, January 4, said that out of seventy-nine cases (his own) treated by general means, with or without intrauterine douches, he had thirty-seven deaths— a mortality of forty-six per cent. In eighty-six cases where he used the sharp curette the mortality was twenty-three per cent. He now adds to the latter series forty-three more cases with eleven deaths. The endometrium in these cases was removed as completely as possible with a large sharp curette, followed by swabbing with undiluted izal. All these patients were intensely ill when first seen; the average day of admission to the hospital being the fifth of the pyrexial period. No mild or early cases were included.

COLLINSONIA

In a recent issue of the Journal of Therapeutics and Dietetics, the editor advises collinsonia in throat affections, caused or increased by constant use of the voice; in hemorrhoids, especially those that occur in the puerperal state; in irritations of the intestinal tract. It also relieves irritation of the heart, increases its muscular power and regulates the muscular contraction. Folk advises this remedy in diseases of the ear with increased non-purulent secretion and in the early stage of middle ear disorders when follicular pharyngitis and hypertrophy of Luschka's gland complicate. It is also of use in atonic conditions of the stomach. The special indications for collinsonia are a sense of constriction with irritation in the throat, larynx or anus; constriction with tickling in the throat, and cough arising from use of the voice; the sensation of a foreign body lodged in the rectum, with contraction of the sphincter and contracted, painful perineum; sticking pain in larynx, heart or bladder, with contracted abdomen or vesical tenesmus.

INJUDICIOUS

The Canadian Practitioner and Review says that Great Britian's physicians were not favorably impressed by the address of Sir Frederick Treves in the early summer. He said he thought a long time would elapse before people would break the extraordinary habit of taking medicine when they were sick! The Medical Magazine, editorially, commented upon this, saying that these

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statements should not have come from a man like Sir Frederick, who, although an eminent surgeon, possessed neither authority nor knowledge which entitled him to speak in the name of physicians. The editorial concludes by characterizing the remarks as grossly irregular and foolish, and the outcome merely of ignorance and vanity. We have ourselves suspected for some time that such utterances in the mouths of surgeons were just about what our English contemporary pronounces them.

EDITORIAL NOTES

One half the ills of humanity are due to people relying upon others to do what they should do for themselves, says Dr. Bryce in the Southern Clinic.

In London it is not necessary to hire ladies to act the "cured patient"; the out-patient departments of the hospitals supply these, says the Medical Times.

The Journal of the Kansas Medical Society quotes a case in which the patient received 915 grains of quinine in four days, with four days' total blindness.

There are two things no human being can afford to lose. One is the chance of having a good laugh, and the other the chanee of making somebody else laugh, or at least making them happy.

At the New York County Medical Society, Dr. James E. King read a paper on "Electro-Anesthesia," advocating LeDuc's method. Is Hutchinson's 'singing rheotome' completely forgotten?

The New York Medical Journal for April 25, has an excellent paper on "Accidents During Anesthesia," by E. R. Zemp. Consideration is confined to those safe and harmless (?) anesthetics, chloroform and ether.

One of the wisest things, and the most difficult, is to keep the resolution of thinking no ill of any other human being, and to endeavor to find excuses for their wrong doing. It is hard, sometimes, if you see a big burley brute kick an unoffending child for instance.

Fearn, in the Eclectic Medical Journal, speaks of the use of a few English walnuts after each meal, as a remedy for constipation. Some years ago, a correspondent called the writer's attention to pecans as used in the same manner. The remedy proved effective.

Sparteine is an excellent drug in oliguria and myocardial insufficiency. It is unwise to annoy the patient with minute, inefficient doses. It should be given in doses of one-half to three grains per dose, until the desired effect is produced, according to the Critic and Guide.

How quickly every advance of modern art is being utilized by the progressive members of our profession. With a reprint describing a new method of diagnosis and treatment of fistulous tracts, etc., Dr. E. B. Beck sends out stereoscopic radiographs illustrating his paper.

We learn that the Medical Bulletin is to be consolidated with the Monthly Cyclopedia, published by the F. A. Davis Co. We are glad this will not remove Dr. Shoemaker from active participation in the work of the medical editor, a work which he has now sustained with credit for twenty-nine years.

In general, when a man goes out of his way to be nasty to some inoffensive person, it may be set down not so much to innate depravity as to biliousness and autotoxemia. We may think, poor fellow, had he only recognized what was the matter with him, and taken a dose of podophyllin last night, things would have looked different to him today.

Scarlatina. As I had just been reading of the value of nuclein in this disease, I prepared a bottle of aconitine and nuclein in solution, and left it with

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direction for use, also a carbolated ointment. The child seemed to improve from the first dose and recovered in two weeks. No one contracted the disease from her.—S. J. Smith, American Medical Journal.

Dr. Howell, in the Oklahoma Medical News-Journal, says of the alkaloids, that only two leave characteristic marks on the dead body. After atropine the pupils are dilated and the vessels of the brain heavily charged with blood, together with marked redness of the gastrointestinal mucosa. Strychnine—after death the muscles are strictly rigid, fingers stretched, feet out, and the body bent backward.

Reading Dr. Gould's powerful arraignment (Clin. Med.) of the powers and principalities whose empire is in this world exclusively, we are glad to be able to say that there still exist many of the old style doctors, men to whom a grateful letter from a full heart is of more value than the biggest possible fee that could be offered for the removal of "a beautiful, little, pink, perfectly healthy appendix."

What is the use of putting on dignity when it is not natural to one? What good does it do you, or the world, at any rate? Much better forget your little self and keep your eyes open for a chance to do some kindness to other human beings. Has humanity ever formulated a better rule of life, than that deducible from Marcus Aurelius' remark, that he had lost a day, when he could not recollect having done any good to any human being during it?

How many persons have caught on to the use of denatured alcohol as a fuel? Recently a family moved into a new house, in which the gas had not been provided. To tide over the time, they secured a little alcohol stove and one gallon of denatured alcohol, the latter costing fifty-nine cents, including the jug. One quart of this alcohol supplied fuel for what cooking was done for a family of four during the period of eight days. It certainly was cheaper than gas, as well as cleaner and quite as manageable.

Gallstones. In the Central States Monitor, Dr. S. E. Earp contributes an editorial calling attention to the fact that the solution and extrusion of the calculi is not the principal object of treatment. He says that two duties of the medical practician are, firstly, to relieve or dissipate the complications of gallstones before sending to the surgeon; secondly, to select a surgeon of experience, one who has a clearly thought-out technique.

In Gaillard's Medical Journal, Editor Fitch contributes a sensible editorial on the importance of early diagnosis and immediate action in all cases of cancer. "The family advisor must know that it is his duty to educate the women under his care to a knowledge of the fact that all the leucorrheas, catarrhal discharges and hemorrhages from the genitalia call for immediate attention. If early investigation were made in all such cases, ulcerations might frequently be healed before advancing to the malignant state."

The Illinois Medical Journal says that many of the poorer medical schools are conducted as quiz classes for preparing the student to pass the state examinations, and not with the object of making him a competent practician. If the Journal would only designate what schools are pursuing this practice we can venture the prediction that they will have their halls crowded with students thereafter. That is the first thing the medical student wants—the power, the legal right, to practise medicine. As to his treating capacity, he leaves that to the future. He must first have the right to practise, and he bends all his energies in the direction of securing that first.

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The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

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This volume begins the eighteenth annual series of these valuable books. This is the year book issue and presents a good resume of the progress of medical during 1907. The review of the year is presented in three sections Treatment, by A. A. Stevens, M. D.; Medicine, by David L. Edsall, M. D., and Verner Nisbet, M. D.; Surgery, by J. C. Bloodgood, M. D.

The book contains three full-page colored plates and about fifty half-tone plates.

In addition to the year book feature the volume contains the following:

The Sanitorium, by Lawrason Brown, M. D.; Notes on the Treatment of Syphilis by the Injection of Soluble Salts of Mercury, by Jean Dardel, M. D.; Some Clinical Aspects of Blood Coagulation, by Thomas R. Boggs, M. D.; Some Records of the Value of the Opsonic Test for Diagnosis and of the Employment of Vaccines in Certain Infective Conditions in Children, by A. Dingwall Fordyce, M. D.; The Paratyphoid Fevers, by James C. Wilson, M. D.; Urinary Acidity with Special Reference to Gastric Acidity—Acid and Alkaline Tides in Urine Denied, by A. L. Benedict, A. M., M. D.; Textural Proclivities and Immunity: The Personal Factor in Medicine, by Sir Dyce Duckworth, M. D., F. R. C. P.; Mucous Colitis, by David Sommerville, B. A., M. D.; The Normal Temperature of the Body, by R. D. Rudolph, M. D.; Diseases of the Gall Bladder, by John B. Deaver, M. D.; Practical Deductions from a Series of Operations for Perforated Gastric and Duodenal Ulcer, by Benjamin T. Tilton, M. D.; Resection of Shoulder Joint for Suppurative Disease of the Bone, by J. Garland Sherrill, A. M., M. D.; The Import of Digestive Disturbances in the Diagnosis of Surgical Lesions of the Abdomen, by Louis Frank, M. D.; On Fixation Abscesses, by Jules Thiroloix, M. D.; The Care of the Newborn, by Henry Enos Tuley, A. B., M. D.; The Perfected Surgical Treatment of Fibroid Tumors of the Uterus, by Lewis S. McMurty, A. M., M. D.; Fracture of the Spine, by George L. Walton, M. D.; The Way of Infection in Tuberculosis, by Lawrence F. Flick, M. D.; Etiology of Haemoglobinuric Fever, by William H. Deaderick, M. D.

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THE PRACTICAL MEDICINE SERIES. Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology,

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Chicago Post-Graduate Medical School. Vol. I. General Medicine. Edited by Frank Billings, M. D., Head of Medical Department and Dean of Rush Medical College, and J. H. Salisbury, A. M., M. D., Professor of Medicine, Chicago Polyclinic. Series 1908. Pages 408. Illustrated. Cloth. Price, $1.50. Price of the Series of Ten Volumes, $10.00. The Year Book Publishers, 40 Dearborn St., Chicago.

The first volume of the 1908 series of year books gives an exhaustive review of a year's progress in diseases of the respiratory organs, circulatory organs, blood vessels, blood and blood-making organs, ductless glands and kidneys and also metabolic diseases and general infectious diseases. The importance of tuberculosis is apparent from the fact that about a hundred pages of this volume are devoted to tuberculosis. The names of the editors give assurance of the value of the volume. Many new and helpful suggestions are given. The book is illustrated with five full-page halftones and forty-eight figures.

BOOK NOTES

William J. Locke, author of "The Beloved Vagabond" and "The Morals of Marcus," begins a new serial, "Simple Septimus," in the May American Magazine. Simple Septimus, the hero, is the most original and refreshing genius we have met in a long time. William Allen White writes a character sketch of Taft, and so far as the special advantage of acquaintance goes toward measuring Taft justly, White's article is as good as knowing the Secretary of War for twenty years. "Mr. Dooley" writes on "The End of Life." This is an extraordinary article on death. Ray Stannard Baker reports "An Ostracized Race in Ferment." This is the story of the conflict of negro parties of dealing with their own problem.

No one should fail to read "The Slaughter of the Trees," Emerson Hough's astounding statement of facts that appears in the May number of Everybody's. It blazingly exposes the corruption and wastefulness that is allowed to exist in our forestry conditions, pointing out the undoubted result of our soon having no trees at all. Hamlin Garland gives the second of his series describing his own experiments, and those of great foreign scientists, in the field of psychic research; it is full of extraordinary and amazing developments. Dr. William Hanna Thomson contributes "The Real Self and Drugs," presenting some vital physical and medical truths in an entirely new light; while Ernest Poole, in "A Clearing-House for Tramps" gives some sidelights upon the industrial tramp and what is being done for him.

Some of the articles in The World To-Day for May are: "Our Colonial Empire: Hawaii, our Forgotten Key to the Pacific Ocean," illustrated, by Willard French; "Anarchists and Immigrants in America," by Elias Tobenkin; "The Wonders of Underground New York," illustrated, Edward Wildman; "The Revival of the Waterway," illustrated, by C. H. Forbes-Lindsay; "The Philadelphia Commercial Museum," illustrated, by Paul T. Cherington; "A City of Dreams," illustrated, by Mrs. Peter M. Myers; "Recent Progress in Photography," illustrated, by Louis Albert Lamb; "Evelyn B. Longman," illustrated, by James Spencer Dickerson; "Winthrop Murray Crane," by George Rithwell Brown; "The Literature of Joylessness," by Francis Rothwell Pierce; "The Franco-British Exhibition and the Fourth International Olympiad," by Louis G. Northland; "How Bradford Feeds the Underfed Children in its Schools," by John Spargo; "How to Gauge the Performance of Ocean Liners," illustrated," by Alfred Gradenwitz.

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MISCELLANY

HYOSCINE, MORPHINE AND CACTIN ANESTHESIA AS AN ADJUVANT TO GENERAL ANESTHESIA

By Charles F. Hope, M. D., Coatesville, Indiana.

Read before the Fifth Indiana Councilor District Medical Society, at Terre Haute, March 11, 1908.

Anesthetics include all agents which temporarily destroy sensation and relieve the pain of surgical operations and parturition, which overcome the general spasm of strychnine poisoning, traumatic tetanus, puerperal, hysteric and uremic convulsions; which overcome muscle spasm in fractures and dislocations; which relieve pain and secure relaxation during the passage of gallstones, renal calculi and allied painful and spasmodic conditions. These are the principal indications for their use, and the effect is produced mainly by their direct action upon the cerebrospinal nerve centers.

The term anesthesia has been limited or restricted quite generally to that class of ethereal remedies which are applied by inhalation and produce such a condition of temporary insensibility as to prevent pain during the manipulations of surgery and in childbirth.

The vapors, or volatile agents, usually so employed, are three in number—ether, chloroform and nitrous oxide, but during the last decade or two many other substances have been introduced, which embrace the well known and frequently used hypnotics and analgesics, such as morphine and hyoscine.

General anesthesia has always been attended with some danger and peril. From its inherent nature no anesthetic can be absolutely and invariably safe. On account of these ever-present dangers and uncertainties many men have been working and seeking for a substitute for ether and chloroform as general anesthetics. As a result of these labors, there have been developed some important modifications such as local anesthesia, infiltration anesthesia, spinal cocainization, scopolamine - morphine anesthesia, and hyoscine, morphine and cactin anesthesia.

In making the selection of an anesthetic, the consideration of greatest moment, the question which outweighs all others in magnitude and importance is to choose that agent which promises the greatest safety—the procedure which, scientifically handled, will rob the operation of practically all its terrors, thus rendering the method used in each case as safe as it can be made in the light of our present knowledge and investigations.

No two individuals ever take an anesthetic exactly alike, and the skillful administrator is that person who recognizes this and is simply and eternally careful. Ether may be more safely used than chloroform, yet both are deadly. The anesthesia is oftentimes more important (and dangerous) to the patient than the operation. The anesthetist should constantly bear in mind that he could kill any patient with his inhaler. Therefore, he should seek invariably to adjust the depth of the anesthesia to the operation so wisely and accurately as to imitate sleep, and not death. It is doubtless true that many patients are too profoundly narcotized, on account of which death suprevenes. When we survey the broad fields of surgery and observe the slip-shod mode of anesthesia it is amazing that more deaths from anesthetics have not been reported.

At all events, it will be admitted without discussion that if some better

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and safer method can be devised than those which have heretofore been in vogue; the one who advocates such a plan will render a distinct service to medicine and surgery.

Ie is neither my desire nor intention to engage in the foisting or exploitation of a nostrum or even of a pharmaceutical specialty. Any doctor can procure at any well stocked pharmacy any or all of the components of the hyoscine-morphine-cactin compound, and, moreover, this combination is just as legitimate and ethical as any compound of morphine and atropine that you ever used, fully as safe and far more effective.

The standard hypodermic anesthetic tablet contains hyoscine hydrobromide, gr. 1-100, morphine hydrobromide, gr. 1-4, and cactin, gr. 1-67. As a general analgesic or anodyne this compound stands without a peer, and for pain or spasm of any description it surpasses morphine and atropine alone, or in any possible combination. It will do the work as a hypnotic, analgesic and anesthetic better, surer and safer, producing the maximum of result, with fewer unpleasant after-effects than any other known method or combination, by the hypodermic route. These are clinical demonstrations that are clearly established.

We started with the assumption that no form of anesthesia is perfectly safe, the truth of which is axiomatic, and no one claims the hyoscine, morphine and cactin compound is absolutely safe, when used in all sorts of conditions, under the most variable circumstances, and in every conceivable place, favorable and unfavorable. In spite of all these, the combination has been used by hundreds of physicians and surgeons in many thousands of cases, the exact number of which can never be known, but millions of the tablets have been placed in the hands of physicians, and the only rational conclusion that can be drawn from the reports is that the method has proved remarkably free from danger.

Some physicians, it is true, condemn the combination as dangerous and treacherous. This condemnation does not originate from actual clinical experience nor from published reports of fatalities resulting from its use. It has even been claimed that the reason why no deaths have been reported is on account of the fear of the results from making the reports. Are the members of the medical profession such arrant cowards that they are afraid to tell the truth? The editor of the Journal of the A. M. A., in the issue of January 18, 1908, in commenting upon the identity of hyoscine and scopolamine, referring specifically to the H. M. C. compound, propounds these questions: "What are the mortality statistics? How many deaths have occurred from the use of the tablets? And, especially, what has been the infant mortality from the use of so much morphine in obstetrics?" In the very next sentence he answers the questions satisfactorily by saying: "We have seen no statistics published on the subject." As a matter of fact, only one death had been reported up to that time and the authenticity of this case was involved in grave doubt.

The procedure has already passed a crucial test in a large number of operations, and those who have used it the most extensively are practically unanimous in considering this method of anesthesia relatively safe, when properly and intelligently conducted. The experience of those who have used it less frequently, almost without exception, is equally favorable. My personal use of the combination is somewhat limited, yet I have used it in several major operations, in a greater number of minor operations, to a limited extent in confinements, and very many times for the other manifold uses to which it has been successfully applied. Regardless of what the experience of others may have

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been, ignoring the thrusts made at it the basis of which is purely speculative and theoretical, my individual use of the hyoscine-morphine-cactin compound has been eminently satisfactory and has produced gratifying results, without a single exception. But what is of more importance, other physicians have had a more extensive experience, some of whom have used it hundreds of times, and their testimony should convince the most skeptical of its comparative freedom from danger.

Aside from the element of danger, there are other matters pressing for consideration and solution. The universal experience of those who have investigated the subject of hyoscine-morphine-cactin anesthesia has been that following its use there has been only a very short stage of excitement, or an entire absence of this usual accompaniment of ether and chloroform when used alone, the entire absence of fear and dread of the anesthesia, the small amount of anesthetic required, thus lessening shock and reducing the danger to a minimum, and the complete absence of post-operative distress and annoyance. It is a mistake to assume that the inconveniences arising from the volatile anesthetics consist exclusively in nausea, vomiting, thirst, the profuse secretion of mucus and inspiration pneumonia, but there are many remote, but profound and far-reaching after-effects, such as degeneration of the liver, heart and kidneys, that had their origin in chloroform or ether anesthesia. In administering an anesthetic, no matter what its character may be, an overdose is to be especially avoided, and the ideal to be sought is "the smallest possible quantity of the best obtainable means to produce a desired therapeutic result."

It is not our purpose to advocate or recommend the promiscuous or exclusive use of the hyoscine-morphine-cactin compound in the production of anesthesia, although it can be used in sufficient quantity to produce fatal unconsciousness for the most difficult and prolonged operations, but rather to make a plea for its more extensive use as a preliminary aid or adjuvant in the production of anesthesia, a very small amount of ether or chloroform to be inhaled to complete or intensify the effects. Undoubtedly the safest possible anesthesia, the method that is fraught with the fewest inconveniences, is to produce sedation with one or two doses of the hypodermic tablets, given at the proper intervals, then supplement this with the least possible amount of chloroform or ether. Even if not used for the purpose of producing partial anesthesia, one half of a standard tablet, or a half strength tablet, given some time before the administration of the volatile anesthetic, will effectually quiet the nervousness and apprehension producing a somnolent condition that will materially lessen the amount of chloroform necessary to maintain the anesthesia. Generally the patient will remain in a quiet and untroubled sleep for several hours and in most of these cases none of the usual concomitants of ordinary anesthesia will arise. This conservative plan will be productive of nothing but good results and no danger whatever can be imputed to it. Moreover, this simple expedient may be the means of saving patients when they would otherwise succumb to the full anesthetic effects of ether or chloroform.

In all cases, a period of at least two hours should intervene from the time of giving the first dose of the remedy and the operation, in order that the full hypnotic and analgesic effect and proper relaxation may ensue. And a longer time, except in emergencies, will be better.

The strongest argument for the use of the hyoscine, morphine and cactin compound is that a preliminary injection of this compound obviates entirely the two chief dangers or causes of death from either of the volatile agents. With their use the deaths which occur from

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them may be classified as early or late. In the early deaths, the cause seems to be from fright, or, at any rate, from a vasomotor paralysis; the latter deaths are due almost invariably, directly or indirectly, from an overdose. By the use of the compound, when administered strictly in accordance with the teachings of experience, the first is avoidable and the other is inexcusable, if not positively criminal.

The combination is comparatively new. While somewhat similar to the scopolamine-morphine mixture used in Germany, and to a limited extent in this country, the hyoscine-morphine,cactin compound is a native product. It has a few theoretic foes and a countless number of devoted and enthusiastic friends. When used rightly it is of inestimable value. You can do immeasurable harm with it if you choose, although nothing but unadulterated good need result. By its judicious use you can reduce the actual and irritable hazards of anesthesia to the vanishing point. While the investigations are not completed, while the final word has not been spoken and while the technique may be yet imperfect, it has shown and is showing itself to be an improvement over past and present methods of anesthesia; in a word, it is rapidly approaching the ideal. Learn to use it is the advice many practitioners would offer, and let its use be always in strict and rigorous accordance with the indications. As an adjuvant to general anesthesia it will please you and your patient.

A few of the many advantages of this method may be summarized:

1. The harmlessness of the compound when used an an adjunct to general anesthesia.

2. The pulse may be accelerated in the beginning, but the quality remains good and strong, since both morphine and cactin are cardiac stimulants.

3. The stage of excitement is abolished.

4. The absence of nausea and vomiting.

5. The natural sleep following the operation, extending over and beyond the period of the most severe post-operative pains and suffering.

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In general anesthesia it gives the utmost satisfaction as preliminary to ether or chloroform, with entire freedom from disagreeable or dangerous after effects.

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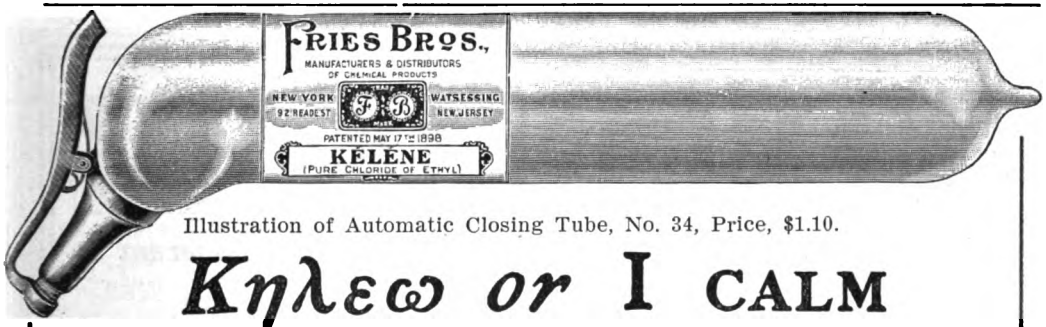

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Always ready for instant use.
Harmless, regardless of how frequently used.
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CHINOSOL

Chinosol is a crystalline, sulphur yellow, non-hygroscopic powder which is very readily soluble in water, resulting in a clear, permanent solution.

It may be used as a dusting powder, but in some cases where the patient is peculiarly sensitive, it produces a temporary burning sensation, yet chinosol produces no inflammation whatever. In such instances it is advisable to mix the chinosol with five to ten parts of boric acid.

A comparative test of chinosol, bichloride, and phenol, recently made by Dr. Horace W. Patterson, a bacteriologist of New York, connected with the Health Department of that city, fully substantiated the claims of chinosol. While these chinosol solutions are free from all possibility of poisoning, the bichloride in the strengths mentioned could not be used upon the human system. The superiority of chinosol over carbolic acid is most manifest.

The staphylococcus pyogenes aureus was destroyed by the Sternberg method:

Chinosol,
1-350 solution in 30 min.
1-250 " " 10 "
Bi-chloride,
1-500 " " 30 "
1-450 " " 10 "
Phenol,
1-150 " " 30 "
1-100 " " 10 "

Silk Thread Method:
Chinosol,
1-500 solution in 15 min.
1-400 " " 5 "
Bi-chloride,
1-750 " " 15 "
1-500 " " 5 "
Phenol,
1-200 " " 15 "
1-125 " " 5 "

The bacillus typhosus was destroyed by the Sternberg method:

Chinosol,
1-350 solution in 30 min.
1-250 " " 10 "
Bi-chloride,
1-500 " " 30 "
1-450 " " 10 "
Phenol,
1-200 " " 30 "
1-100 " " 10 "

Silk Thread Method:
Chinosol,
1-500 solution in 15 min.
1-400 " " 5 "
Bi-chloride,
1-1000 " " 15 "
1-750 " " 5 "
Phenol,
1-250 " " 15 "
1-200 " " 5 "

The bacillus prodigeosus was destroyed by the Sternberg method:

Chinosol,
1-350 solution in 30 min.
1-200 " " 10 "
Bi-chloride,
1-500 " " 30 "
1-450 " " 10 "
Phenol,
1-150 " " 30 "
1-100 " " 10 "

Silk Thread Method:
Chinosol,
1-500 " " 15 "
1-400 " " 5 "
Bi-chloride,
1-750 " " 15 "
1-500 " " 5 "
Phenol,
1-200 " " 15 "
1-125 " " 5 "

The bacillus anthracis was destroyed by the Sternberg method:

Chinosol,
1-1000 solution in 30 min.
1-600 " " 10 "
Bi-chloride,
1-700 " " 30 "
1-500 " " 10 "
Phenol,
1-200 " " 30 "
1-150 " " 10 "

Silk Thread Method:

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means of combatting this intestinal inflammation.

Local applications prove efficacious elsewhere in inflammation—why not here? Applications with hygroscopic properties reduce inflammations in other tissues of the body and will do likewise in typhoid fever. The best of these is antiphlogistine and its use in typhoid fever is demonstrable. It will tend to reduce the inflammation and thus contribute in making the typhoid patient comfortable and assist him in his return to health.

Antiphlogistine is applied over the abdomen to the thickness of an eighth of an inch and then covered with a suitable soft cloth. This is renewed twice daily.

This use of antiphlogistine is a valuable adjunct in the usual treatment of typhoid fever and is of distinct assistance.—Medical Era.

♣ ♣ ♣

Kelene (Fries Bros.) is a pure chloride of ethyl and is furnished only in new glass tubes—no empty returned tubes are refilled.

A large saving in cost might be made by buying up tubes already used. But the risk of spreading infection is too great to take any chances. Metal containers have also been discarded by Fries Bros. as unsanitary. The purity of the product can only be relied upon when stored in glass. The collection and refilling of empty tubes from dispensaries and hospitals throughout the country where kelene, or chloride of ethyl is extensively used in clinics, is a dangerous economy, and should be discouraged by operating physicians.

The absolute purity of the product of Fries Bros. is guaranteed by their glass automatic tubes, and can be used with implicit confidence.

As preliminary to ether and chloroform in general anesthesia, it gives the utmost satisfaction, with entire freedom from disagreeable or dangerous after effects. When chemically pure, kelene is a stable solution.

The success which attends the conjunctive employment of viburnum, opulus, dioscorea villosa and scutellaria lateriflora as presented in Hayden's viburnum compound for the treatment of diseases of women, is due as much to the quality of each individual drug as it is to their proper proportioning; hence, it is seldom, if ever, possible to secure ideal results by the extemporaneous combining of such specimens as are procurable in the open market.

If it has once satisfactorily served you in your practice, it will do so again, provided you prescribe the original H. V. C. and see that a substitute is not administered.

♣ ♣ ♣

I am well pleased with effects of ecthol in severe cases of blood poisoning; as an external remedy in all painful affections, especially rheumatic, as was demonstrated in the case of my wife ,who was laid up in bed with a painful rheumatic affection of one of her feet, which after bathing and wrapping with ecthol, to my surprise, was about the house again the next day. She swears by it, and will not allow me to be without it. I have also found it excellent in pruritus ani and erysipelas. I prescribe it through a druggist in Newburg, and have bought three bottles for myself I am now using it in a case of ulcer in an old man, on the bottom of his foot, which is healing. G. Gorse, M. D., Meadowbrook, N. Y.

♣ ♣ ♣

CHOREA

Omitting those cases due to organic changes in the brain or cord, chorea may, in the vast majority of cases, be considered a manifestation of the "rheumatic diathesis." In fact, it often precedes or follows an attack of rheumatism, and this explains why alkalithia, which is an ideal remedy for rheumatism, so promptly overcomes choreic movements. Keasbey & Mattison Co., Ambler, Pa.

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The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

VOL. XI OCTOBER, 1908 No. 10

Leading Original Articles

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D., 72 Madison St., Chicago, Ill.

(Continued from Page 290 September Recorder)

THE ANVIL CHORUS.

Few people realize the potential power of thought in our every day life, how we unceasingly mold and shape our conduct by the unwritten laws of "convention" that surround us. We are apt to come to the conclusion that we alone are right, and judge everyone by our own small perspective in life.

If anyone has the temerity to violate our unwritten code of convention, we are shocked, and are disposed to regard the individual who has been so bold or thoughtless, as without the pale of our life. He is something apart, a mongrel, or a man with a perverted taste. We regard him in the same way as a man who would walk down the street in his shirt-tail; something must be wrong with his brain, otherwise he would think and act as we think he should. We may be lenient and overlook, or forgive a fault if once committed, but if persisted in, we regard the individual as a "crank"—a man with a mental twist who is not able to see the truth as we and our friends believe it to be. He is an individual to be treated with patronizing sarcasm, by abuse, and in extreme cases, by persecution and imprisonment. He then becomes a dangerous crank, as he has by his seclusion inoculated other weak (?) brained individuals with his mania, and we begin to find our cherished beliefs endangered. This excites an opposition, and by word and deed we become an actual enemy of the crank and his propaganda.

We soon learn that our well-meant efforts only cause sympathy for the persecuted one, until he gathers around him a company, first attracted by sympathy, then by curiosity, and that remains by conviction.

Eventually a faint rhythmic echo is heard, which grows slowly in volume as time goes by, until we can faintly hear the "Anvil Chorus." This gradually grows in volume and harmony as more hammers are put to the work, until we see our neighbors and friends join in. We may think they are deluded, but being an imitative animal, we find difficulty in keeping our feet still, and in time, we are simply compelled to grab our hammer and join in the general din.

We have made the astonishing discovery that while the law of convention has been changed, the world still moves on.

Progress in thought has always been slow. Man has always been reluctant to

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change a belief he has once had, and as a rule, will not do so until he is compelled by the force of an idea that surrounds him. There are many dormant mental forces that have undergone so little change through the centuries that it appears, that in some way they have become a hereditary part of humanity.

The special brand of religion a man affects will endure as a belief during the whole period of his life. No arguments, facts, or philosophy will influence his belief to any great extent, and while conditions may be such that it is impossible for him to live up to his belief, yet it remains a fixture in his mind. It is for this reason that the church has made so little progress through the centuries that have passed, the insistance upon absorbing the non-essentials, and losing sight of the grand, solemn, truth.

The belief is common that only their brand of religion recognizes the "ultimate being," and the belief that every other religion is a form of idolatry. It is true that strong mentalities have been able to break away from some of the errors, and inoculate others with their conception of the divine truth, and with at times, marked success. Yet these people have always taken more errors than truth, and that accounts for the pitiable position of the church. Every attempt to apply reason or logic to the palpable errors of religion, incidentally stirs up a hornet's nest, and the old beliefs are stated more vindictively than ever.

It is thus in medicine. We are convinced to certain ideals that we believe should guide our relations to the public. They are hoary with age, honorable, and respectable, and any attack upon them strikes home with telling force.

We personally may be able to live up to the standard that was set for us in our youth, and can see no reason why a change should be brought about. We forget or don't know that we, personally, may be situated in such favorable conditions that the temptations of other men who are not so fortunately located, are undermining public confidence in the great spirit of medicine, and if not checked in a few years, will be followed by red tape legislation that will give medicine a set-back of a century.

We see inroads made constantly in our legitimate business by the city, the county, and the state, being promoted by a certain class of physicians with a political bug in their heads, or actuated by socialistic instincts alone.

The enormous volume of business that has been lost to the profession for the last fifteen years would make a staggering total if it could be learned. The state care of the insane, feeble-minded, defectives, epilepsy, and tuberculosis, the city care of infectious and chronic diseases. The establishment of hospitals for certain specialties, as obstetrics, eye and ear, pulmonary diseases, etc., are all taking away from the profession what legitimately belongs to them.

The city, county, and many times the state, gives nothing in return to the profession for what they are taking away from them. As a general proposition, they have no difficulty in finding enough soft-shelled physicians who are willing to donate their services to the public for, well the experience, advertising, or notoriety that may attach itself to the position. As long as he personally gets something out of it, the whole profession may be "Vanderbilted" for all they care. They think they have their feet in the trough, and are willing to fight any other hog who wants to get in.

The mere holding of these positions without compensation would not in its way do the profession much harm, if it did not establish a principle that is wrong in both theory and practice, and makes a pitiful coward of the medical man who holds the position. He is in such deadly fear of losing his position, that he will submit to any injustice rather than assert his manhood.

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I have been told by many of the attending staffs, that well to do people who have learned the ropes, apply to state institutions for services, and that they were compelled to give it without comment, or lose their positions.

While the public institutions are nominally charitable, yet the state cannot discriminate between citizens. It must take all that apply, and treat them to the best of their ability. The wealthiest citizen of the community has a perfectly legal right to go in as an inmate of any state hospital or other city, county, or state institution, and under the law, he cannot be refused.

This would appear to be socialism with a vengeance, where everybody gets the benefit of the idea, except our feeble-minded staff physicians. Now, don't make the mistake that these fellows don't think they are long-headed, and that in their mind's eye they cannot see some profit in the future. Every mother's son of them is working tooth and nail to get the state to pay a salary for their valuable services in the near future, and by the excellence of their work, and faithful performance of duty, they are under the profound impression that they will be selected for the important position when it is established.

I can see many disappointed medical men when this time comes, for the medical politician will fill all places as soon as it is worth while from a financial point of view to take it. The poor fellows needn't worry, however, as no special reason exists for the state to pay a salary when about one half of the medical profession are pulling every string they can, to get a chance to serve for the fun of the thing, and the profound impression they have made upon the politicians may be seen in their refusal to allow the clinical material to be used for teaching purposes.

This question will be a burning, living issue, that the profession must soon meet. This and the restrictive medical laws that bear so repressively upon the profession will soon compel physicians to fight for their living.

At present, politically, they are a cypher—are totally disregarded by politicians. Their desires, opinions, and thoughts are of little consequence, and will remain so until the individual physician wakes up from his Rip Van Winkle sleep and finds out that the world is moving at a faster rate than it did when he took his long nap.

This leads us up to the consideration of what the individual phyhisian can do if he will direct his energy along useful channels.

In the first place, every physician is criminally negligent, that fails to take an active, enthusiastic part in politics. Outside of medicine, he should make it a religion. He should join one of the parties and learn the gamé. It is a gentleman's game. The stakes are high, and it requires skill and intelligence to play. A nominal interest alone, will not help him or the party. Let him become convicted of a principle or support a measure. Let him put his whole soul into the matter. Take his own precinct, make a house to house canvass, and try the grand game of creating public sentiment. He should gather around him his friends and neighbors, organize them in such a way as to get the most effective work in his own precinct, and man the poles on both primary and election day, and stay until the votes are counted.

If you have succeeded in organizing your own precinct, spread over the line and take the neighboring one; organize it, and just as many as you can get in operation, always remembering not to take anything for granted. Remember that the other fellow is running for his life—you only for your dinner. He will probably beat you a few times, as he has more at stake, and knows the rules of the game better, but remember that it is an axiom of physics that a man can push on a mountain, and if he only

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could keep it up long enough, he would move the mountain.

Last year a little matter made it seem necessary for me to direct my attention to politics. It seemed expedient to go in as an Independent in a Republican ward. Our energetic efforts were laughed at, and we were treated as a "joke"; yet when the returns were in, the politicians made the astonishing discovery that the ward (voting more people than most cities in the state) had gone independent for the first time in its history. We caught them napping that time. At a later election we succeeded in splitting the Republican vote in such a way that by the most strenuous efforts the regular machine saved themselves by the skin of their teeth. And the end is not yet. I succeeded in earning the appellation of "That d—— doctor"—a term of endearment and fear when used by a machine man. No profession or commercial institution is being so profoundly affected by legislation as medicine at the present time, and every physician owes it to his profession to gain all the political power he can. Cultivate an acquaintance with politicians and don't hesitate to go to the legislature and appear before the committees having this matter in charge, and register your kick, or use the force of your intellect to promote the measure.

The miserable excuse of being too busy is only a confession of incompetence. Let your patients depend upon some of the numerous legalized healers while you are attending to your public duties.

The physician who sees the light clearly should become an active worker with other physicians. Cultivate them, and try and establish medical opinion along a definite line, and when necessary, inflame their minds, or stimulate them to do something besides sitting on their haunches and complaining bitterly about conditions that they are too lazy to help remedy.

The true physician who loves his profession should get clear ideas regarding the great spirit of medicine, and write his convictions to his medical journal, and continue to write in order to swell the "Anvil Chorus," until we make the business side of medicine a burning public question. There are many great minds in our profession who are hiding their light under a very small bushel, and if the clamor grows loud enough, their curiosity will draw them out, and before they know it, we will have the full force of their intellect working, and organizing the profession for the great battle to be fought at no distant day.

Our enemies are well organized, and well lead. We are nothing but a disorganized mob—no leaders, no convictions—and consumed by individual selfishness. Has any intelligent physician any doubt regarding the issue?

In Germany the battle has been fought, and the rank and file of the profession has been reduced to such extremes that living has become a problem to the individual medical man. Their visits are made as low as six cents in some parts, and the doctor is only an outpost for the immense state institutions where a few men get all the fame and work while on the government pay roll.

This condition will soon confront the American physician; in fact, does bear upon him harder every year in certain localities, which are gradually broadening as time passes, until in the near future, each physician will feel the pinch.

The individual physician should keep his eyes and ears open to abuses in our profession, and give them the widest publicity, to put both his brother practitioners and the public on their guard. The great spirit of medicine has nothing to conceal or needs no defense. It embodies a part of the God-head, and the widest publicity will bring nothing but the greatest respect from the public. The greatest question before the profession at the present, is, "Shall we

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kill off the general practitioner? Has he outlived his usefulness? Shall he be supplanted in government institutions by the "medical expert?" Is the expert all he should be? Has the great growth of institutions been an economic factor to the public? Does it cost less for a patient to be sick under modern conditions than it did under the old home system? Do they receive better care? Is the mortality rate any lower in institutional than in private practice, taking into consideration the advance in sanitation and the methods of handling disease?

The answer to these questions must be found in the near future, and we need the widest possible discussion to determine the truth.

The physician who does not join the great American Medical Association, and take an active interest in the selection of the delegate who is to represent him, deserves the severest censure.

The great association is only what its delegates make it. If the negligent physician allows the medical politician to misrepresent him, the association will be promoted only to bad ends, and it is not far-fetched to say that designing men might use its immense power for evil purposes.

Of all things, medicine must be an organized democracy. We must never surrender our right to think, to any class of men, no matter how honored they may be; and we should watch our beloved association carefully, and protest vehemently when we believe it is in error. In this way, we can, by our combined strength, obtain some solution to our many problems.

Where a physician has talent outside of the strict wall of our profession, he should proclaim it to the world; if he has an ideal, he should put wings on it, and let it fly where it will interest, instruct or amuse the public; he should break forth in verse, song, or poetry; if his talents go into other lines, by all means use them. Let us convince the people that the medical profession harbors a number of the brightest minds in our civilization, and not a lot of commonplace men, as they seem to think.

What we give to the public, should be well considered, as by our work shall we be judged; and if what we give them is open to criticism, we shall only go further in confirming their belief that physicians deserve little consideration. At this time the public believes that a physician may know more or less about medicine, but absolutely refuses to credit the theory that he knows anything outside of this subject.

I do not know of a greater handicap than a medical degree for a man who desires to accomplish something outside of medicine. To tell an employer that you are a physician, will insure a refusal of a position, no matter what the personal appearance, or what knowledge you may have.

I had this borne in on my mind by a personal experience. Inventions are one of my pastimes, and as I was fortunate enough to devise several very valuable articles, I succeeded in placing them on a royalty basis with one of the large trusts, the business being done under an impersonal corporation name. My relations through the corporation with the trust were always pleasant and profitable until they attempted to devise a machine that baffled their experts. I was requested to call and investigate, and give a bid on the work. I believed it could be done, and made a bid which was accepted, when they accidentally learned that I was a physician. That settled it. My company not only did not get the work, but we have never been able to dispose of any more devices to the trust.

The only explanation I have been able to get from the manager was that someone down in New York objected to throwing out money for a physician to waste, and if they could not get the work done by a "practical" man, they

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would get along without it. Nice, isn't it?

Now, all you boys who are willing to work for the great spirit of medicine, get your hammers ready to join in the great "Anvil Chorus." Ready now—one, two, three—Go!

(To be continued.)

PROTEID MATTER IN CAUSATION AND CURE OF DISEASE

By James Burke, M. ,D., Manitowoc, Wisconsin.

To enter into the part played by proteid matter in the causation and cure of disease in the human being, the transmutation of ordinary nitrogenous food, and the essential processes by which it is performed may be considered ,in connection with the poisonous, proteid thereapeutic agents.

The proteid portion of our food becomes homolgous protein through the normal function of the several digestive enzymes, coupled with the physiologic, affinitive balance between the gland membrane of the stomach and small intestines, and the protein. From the relatively proper culinary art, and mastication of the meat and cheese, on through the whole process of digestion, to the complete synthesis of the protein by the reversive action of the erepsin ferment necessary for the proper arrangement of the component amino-acids, no break must have taken place.

The innervation of all the ferment producing glands must be normal, in order that the normal quality and quantity of their synthesis of the conglomeration of waste proteid may be of the physiologic consistence.

The body's immunizing faculty prepares the necessary incidental waste of the body for further elaboration by special organs for definite physiologic functions of the body.

Bile is both a benevolent secretion and an economic excretory incitant; normal evolution products furnish a catabolic proteid entity which stimulates the mammary glands to the secretion of milk for the sustenance of the new born; bowel, kidney and skin action is kept within physiologic limits by properly worked-up proteid waste; the same benevolence presides over the function of the salivary glands and the peptic digestive glands; the fullness of physiologic action, attained at puberty furnishes an element the economic use of waste, proteid matter to energize the reproductive apparatus; the demands of rapid living through the period of early adult life tends to divert the economic use of this waste matter to the conservation of nervous centers, more directly concerned in the perpetuation of the individual—"party of first part."

Flagrant abuse of the physical, the mental or the moral attribute of man causes disharmony of the physiologic workings of the person so led astray, the manifestation of which consists of a variety of symptoms, as loss of appetite, sleeplessness, lack of concentration of force in physical, mental or moral functions. The loss of appetite is generally the first indication of the exhaustion of the immunizing faculty of the body, in its failure to elaborate from the imperfect waste furnished to it, the normal stimulus to the digestive-ferment, producing glands. The excessive waste being produced by the abnormal pace of life overwhelms the disposing power through the constant production of the waste, beyond the power of the ductless glands to fabricate into the economic, normal entities.

However, in this emergency the body cells have the accommodative power to store away in the tissues the unworkable, surplus waste matter, for a more or less prolonged interval of time, to allow the immunizing faculty to recuperate.

In plant growth, a similar phenomenon is to be observed: During the

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season of growth of the plant, from varying conditions—soil, sunshine, climate and moisture, there are periods of time when the pabulum, for normal transmutation into plant structure, exceeds the assimilative capacity of the plant and the surplusage must be stored away, in a conveniently altered molecular form—sometimes in the leaves, sometimes in the inner bark and even in the wood fiber itself as is shown by quassin, which is the most easily obtained of these abnormal accretions of plant life.

Accidentally, but gradually, man became acquainted, empirically with the poisonous and therapeutic qualities of these stored up plant entities.

The empiric use of these ultimately led to the isolation of a few of these principles many years ago, a few of which, as atropine, strychnine, morphine, hyoscine, eserine, etc., are in general use by the medical profession.

The industry and skill of German and French laboratories have been constantly adding to the list of alkaloids and other active vegetable principles.

With the manner and means of extraction of these plant anomalies, the status of construction is determined; at the time of storage by the plant economy, the emergency provision was fulfilled, in the simplest natural way; hence the various chemical methods of isolation must result in a variety of the ultimate synthesis of the product. It is likewise true that when a powder, tincture or fluid extract, or even the isolated principle itself, is given in disease, by the stomach, the status of the proteid, digestive ferments determines the synthesis of the remedial principle and its therapeutic utility; to be of value, experimentation with medicines given by the digestive route, must take this observation into consideration.

The stored-up surplus pabulum referred to above, in the living animal body has, also, its peculiar potentialities. Several factors contribute to its resolution back into the general circulation, such as the action of biochemically affinitive vegetable principles, in solution in the blood; physical exercise, massage abstention from proteid food. If the return of this pabulum to the general circulation is gradual and meets with a fairly responsive function of the immunizing faculty of the body, it may be economically disposed of; but in the absence of this capacity of the immunizing faculty, the resolved pabulum becomes the prey of abnormal biochemic affinities generated in the blood stream.

The course of the pabulum, now, must assume an abnormal course, through a variety of phases, tending all the time to the ultimate status of a normal excretory entity; every distinct phase of the abnormal evolution is, for convenience termed a toxin.

Toxins are biochemic proteid entities, composed mostly of abnormal catabolism of nerve waste; their disturbance of the patient, in disease, consists of the attack of the dominant disturbing toxin or that nerve structure which has its biochemically affinitive congener.

Under the ordinary stress of life the capable immunizing faculty readily fabricates the required affinitive cognate from the pabulum always at hand, thus economically relieving the distressing physical symptoms; but in all forms of grave disease, the immunizing faculty is crippled.

The doctor's function in the matter is to inhibit the production of the antogenetic toxins; and provide for the neutralization of existing, disturbing toxins, from time to time, till all the toxins have assumed the composition of normal excretory incitants and re-established excretion, with their own elimination from the body.

The proteid matter in the cause of disease is principally embraced in this list: Badly digested, ingested food;

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abnormal digestive ferments, opsonins, thyroidase, adrenal insufficiency of product, and the solution of various abnormal proteid entities in the blood, embracing ptomains, leucomains and toxins.

Proteid matter in the cure of disease involves food, alkaloids and other nitrogenous, poisonous vegetable principles; cadaveric alkaloidal principles which permeate to a slight extent all curative sera derived from the blood of the horse, propagated by bouillon cultures of pathogenic bacteria.

THE LIMITATIONS AND THE USE OF PARAFFIN IN COSMETIC SURGERY

By Charles C. Miller, M. D., 70 State Street, Chicago.

(Continued from Page 282 September Recorder)

In the previous issue mention was made of the inapplicability of paraffin for the correction of certain forms of nasal abnormality. While paraffin was most widely advertised to the profession as the agent which would permit of straightening of the nasal bridge, and undue emphasis was placed upon the nasal profile, this part of the face is the one in which paraffin is used with the greatest uncertainty and when injected beneath the skin of the nasal bridge, complications and unsatisfactory results are to be apprehended more than in other parts of the face.

Some of those who have used paraffin have insisted upon its unsuitability for injections into the loose tissues beneath the eye and have admitted its value over the nasal bridge, yet experience at all extended will demonstrate that paraffin can be used comparatively near the eyes with less danger of unsatisfactory results than where it is thrown beneath the skin of a sunken nasal bridge. To raise the nasal bridge considerable elevation of the skin may be required. The skin naturally is more tense in this situation than over other parts of the body and the absence of soft parts beneath the skin overlying the nasal bridge, makes it necessary to throw the paraffin close under the skin.

Paraffin thrown into the skin is almost certain to be followed by a redness which, if not permanent, is of long duration. This redness may be a simple diffuse discoloration, or it may be a streaking of the skin by the red lines of dilated arterioles. In either case the condition is not sightly and a discoloration of the nose is harder to disguise than that of any other part of the face. The diffuse redness may be so slight as not to show markedly, except when the face is flushed and at other times it may be a deep mahogany red, constant in its presence and contrasting markedly with the normal skin.

In not a few instances a diffuse redness will be seen, the result of paraffin injections and running through the discolored skin may be seen many small dilated arterioles. The tendency of these conditions to exist when once established, is one of the great disadvantages of paraffin injections close beneath the skin. Where there is no tension upon the skin and the paraffin injection is placed in the cellular tissue beneath the skin rather than in the deeper layers of the true skin there is very little, if any, tendency for the skin to redden.

When paraffin is placed under a tense skin, redness does not invariably remain, subsequent to the subsidence of the primary reaction, but such redness does follow with sufficient frequency to make the method of treatment much less desirable than it would otherwise be.

When contemplating injecting the face for the correction of a featural defect, the surgeon cannot be too careful to determine the character of the

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individual upon whom it is proposed to operate, for not infrequently one is met who is of a temperament likely to be very greatly disturbed by even a slight discoloration. Such a patient suffering a discoloration which promises to remain indefinitely, becomes very greatly exercised, the condition is magnified until an otherwise sane person gives all the indications of one mentally unsound and possessed with a fear of their obsession which is almost uncontrollable. The surgeon who unhappily treats such a person, may well regret the folly, for he will be harassed by one who is most trying to even patient nerves. It has not been the author's experience to land a specimen of this genus for operative treatment, though cases from the practices of others have appealed for relief of conditions which were all but imaginary. The slightest discoloration in such a case will be bewailed ,the patient being confident that the condition is observed by everyone, though in truth it may be noticed by no one. Operators cannot be too careful to be on the alert and to avoid these cases. The patient who has consulted a half dozen medical men, particularly advertisers and who goes into minutae, regarding proposed and possible methods of treatment, is always to be avoided and it is the writer's practice to refuse to discuss a case with such a person, upon the second or third visit and to refuse to operate under any circumstances, no matter how slight are the chances of an unsatisfactory result.

THE TREATMENT OF DISCOLORATION DUE TO PARAFFIN INJECTIONS.

The immediate reaction following paraffin injections, may be very slight while in other instances it is quite marked. Asepsis will prevent a reaction, which is sufficiently severe to cause suppuration. The tenderness and redness following the injection of paraffin, will require some treatment, particularly in nervous patients. When paraffins of a low melting point are used, it may not be well to use heat to subdue the reaction but to use discreetly cold compresses.

Solutions of acetate of lead or of acetate of aluminum may be used, varying the strength from one-half to five per cent.

The clay poultice may appeal to some patients and in other cases the use of volatile lotions may be more grateful.

Formula for Clay Poultice:

℞
Zinc oxide ..... ℥iv
Kaolin ..... ℥iv
Glycerine to form paste.

The zinc oxide is added to overcome the unpleasant, greenish color which China clay and glycerine mixtures assume. The zinc is usually an agent which has a most beneficial action upon the skin, though the writer recently treated a young man with an ointment made from zinc oxide and liquid petrolatum and marked swelling of the tissues was caused by the application. This young man recognized the zinc by the reaction it produced as he had had experience with the agent two or three years before.

A pleasant lotion which may be used to overcome the primary reaction may be made as follows:

℞
Spirits of ether compound ..... ℥i
Glycerine ..... ℥ss
Alcohol ..... ℥ss
Hydrogen Peroxide ..... ℥i
Water to make ..... ℥vi
M. Sig. Lotion .

There is no objection to the use of a simple face powder of talc., zinc oxide or rice or potato flour, even during the most acute period of a reaction and patients desiring to be seen upon the streets should use such agents to make the redness less noticeable.

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Pain should be slight though tenderness to pressure may be marked for a few days after an aseptic paraffin injection.

With the discontinuance of the use of hot injections and the depositing of paraffin in a solid state in the tissues, reactions have been less severe and the tendency to the production of a persistant redness has been reduced, though not eliminated. There is little probability that we can find a way to eliminate the chance of production of redness of the skin, if we throw paraffin into the deeper layers of the true skin or close under the skin, so as to produce tension of the skin. Surgeons may as well realize this and admit it. Experiments to overcome the tendency and establish injections into the skin as legitimate can best be performed upon lower animals rather than upon the faces of human beings. Twenty per cent can be taken as a safe estimate of the number who will redden where paraffin is thrown into the skin itself or close under the skin, so as to produce distinct tension and it is too annoying an after trace to be tolerated without complaint by patients and the restoring of the color to the normal is a matter of uncertaintity to the surgeon without considerable experience.

THE TREATMENT OF PERSISTENT REDNESS.

Persistant redness when produced, may be overcome best by the use of the electric needle.

To use the needle for this purpose a comparatively mild galvanic current is sufficient. To destroy dilated arterioles it may be sufficient to merely puncture the vessels with a very fine needle. Bleeding from these dilated arterioles in the skin is never persistant and considering their apparent size the beginner will be surprised that they bleed so slightly. Simple puncture is less likely to result in their obliteration than the striking of the vessels with the electric needle. The positive pole has been recommended for the destruction of these vessels but the negative pole will probably be found more satisfactory. At the negative pole an alkaline caustic is produced, the operator is more acquainted with the action of the negative current and the caustic action is more diffuse and less intense so as to more certainly affect the delicate walls of the vessels.

With the circuit complete, the operator may pass his needle into the skin and sweep it across a dilated vessel or an attempt may be made to follow the lumen of the vessel with the needle. The vessel will be seen to empty of blood and will usually remain empty even where the needle is allowed to remain in contact with it for only one or two seconds. The following of the lumen of the vessels is more difficult than the striking of the vessels at several points so that the operator may find it more convenient to strike the vessel every one-eighth or one-fourth inch Within fifteen minutes many vessels may be punctured and after that length of time there is usually such a degree of reaction that it is advisable to discontinue the treatment until the reaction has subsided. This will require from one to four days.

During the interval an emollient cream may be used upon the area to prevent crusting or scabbing. A pleasant and efficacious cream contains :

℞

Boric acid powdered	ʒs
Spermaceta.....	℥iss
Oil of sweet almonds.....	℥ iv
Rose water	℥ii

Mix and beat into a smooth cream.

(To be continued.)

The experiments show that alcohol does not increase the capacity to do muscular work, but distinctly decreases it. Doubtless this seems at variance with many a man's observation of himself.—Dr. Williams, in McClure's.

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ANTIPYRETICS AND FEVER

By John Albert Burnett, M. D., Little Rock, Arkansas.

There are various opinions on antipyretics and their uses. Acetanilid, acetphenetidin, antipyrine, aconite, veratrum, iron salicylate, and diaphoretics as for instance a mixture of lobelia, crawley and asclepias given by infusion, are the most commonly used antipyretics for internal use. Water and liquid guaiacol are the most commonly used antipyretics for external use. Acetanilid is a drug that has many friends and many enemies. Most all drug houses that have similar products which they sell for from $1.00 to $1.50 per ounce and all journal editors that carry paying advertisements for these manufacturers are enemies to it, while all close observing physicians who base their opinions on experience are friends to it.

There are but few intelligent physicians who do their own dispensing—a thing all should do. Many seem to prefer to pay $1.00 to $1.50 per ounce for some preparation similar to acetanilid when they can get acetanilid for 35 cents a pound and get better therapeutic results for it than from the costly preparations.

Potter says: "Acetanilid is chiefly used to reduce pyrexia and to relieve pain. With the former object it has been extensively emphasized in phthisis scarlet fever and the other exanthemata also in acute rheumatism, bronchitis, influenza and typhoid fever. In the latter affection it is too depressant for ordinary use and its continued administration has seemed in several cases to increase the liability to periostitis of the ribs, gangrene of the tissues and other serious sequelae depending probably on impairment of the blood."

Dr. R. B. McCall says: "To show that one's experience must be his guide refer to any work on practice (possibly except Hare) and note their emphatic warnings against employment of acetanilid. Now it happens that this same drug is very important in combating hyperpyrexia, it dispenses with cold pack, donche, wet sheet, cold bath and so on, so successfully used in hospitals. In private practice the latter cannot be made available, only in a modified or less effective form. Acetanilid is safe precisely in the same sense that most other valuable and invaluable drugs are safe. This authoritative embargo puts the irresolute in a sad quandary—the very ones who need council. Adequately safeguarded it is the most valuable of all the antipyreties."

Again Dr. McCall says, "Give the powdered crystals in capsules always combined with caffeine or caffeine citrated and follow with some good alkali as aromatic spirits of ammonia or bicarbonate of soda. Give every two or three hours or reserve for the season of hyperpyrexia and administer in one or two large doses. Have given it for weeks consecutively without appearance of a single bad symptom—no hint of the slightest cardiac embarrassment. This has been an entire season's history. The reader sees the advantage to the practitioner especially the country practitioner who possesses in acetanilid a potent ally that enables him to do all for his patients as effectually as his brother of the hospital can do."

I fully agree with Dr. McCall in all he savs except I prefer to combine acetanilid with cactus in place of caffeine or caffeine citrated. When acetanilid is combined with caffeine or caffeine citrated a part of it is antidoted and it takes a much larger dose to produce the same effect but when combined with cactus its effect is intensified. The two remedies in combination make a valuable diaphoretic. When caffeine is used it has a tendency to keep the patient awake and this is not the case when cactus is used.

The average dose of acetanilid is 4 grains and to each average dose, I give 10 drops of Lloyd's specific cactus with it; mix them in a spoon when given. I am well aware of the fact that cactus is claimed by certain "high author-

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eties" to be inert but that "cuts no figure" with me. I find by actual experience that it is one of the best general heart medicines in the materia medica and safe, and personal experience is what counts with me and not theory. One demonstrated fact in actual treatment is worth a thousand theories or a thousand demonstrations on frogs or guinea pigs. I prefer to combine acetanilid with stryhnine in place of caffene. As a general antipyretic I consider acetphenetidin better than antiprine. I also consider it less dangerous than antipyrine and also a better analgesic. There is but little doubt in my mind but what acetanilid is a better antipyretic, analgesic, hyperotic and nervine than either acetphenetidin or antipyrine.

Aconite and veratrum are according to my experience very weak antipyretics and far more dangerous than either acetanilid, acetphenetidin or antipyrine. Iron salicylate is said to be a powerful antipyretic without producing diaphoresis. It has been used in erysipelas with good results. I have used it but not enough to form much of an opinion of it. An infusion made of equal parts of lobelia, crawley and aclepias makes a powerful diaphoretic, fibrifuge. The external use of water is a good antipyretic but considerable work attached to its use and capable or doing harm as well as good when not properly used, hence, it is not practical in rural districts where trained nurses are unknown. Liquid gnaiacol in from 5 to 40 drops painted over the abdomen is a reliable antipyretic and anaygesic It must be used with care as it can cause fatal results.

Most cases of typhoid fever must be controlled by some antipyretic as a high fever will do more harm than most any antipyretic. I consider a patient better off when the temperature is kept down to 100½ to 101½ with any antipyretic than to allow it to range from 103 to 104½. In my opinion acetanilid with cactus is our best antipyretic for most any fever for internal use and liquid gnaiacol is our best external antipyretic. In typhoid fever the doses of all antipyretics should be smaller than in most all other fevers and they do not have to be repeated as often as in other fevers. Acetanilid is the most lasting in its effect of any we have.

ABLATION OF THE UVULA

By J. A. Pratt, M. D., Aurora, Ill.

In our search for new operations and treatments we are liable to overlook little things in our general routine work that are not only a benefit to our patients, but a help to our brothers if they were told.

I am simply voicing my own experience when I say, I was taught to remove the uvula by cutting it at an antero-posterior oblique angle, and allow it to heal by granulation. It is impossible to cut the uvula at an oblique angle and not have the mucous membrane retract over the stump. We have so many wounds in surgery that have to heal by granulation that it is not wise to leave an open wound when it can be so easily closed.

Since retiring my tonsillotomes I have found that the smallest one is an excellent instrument with which to amputate the uvula, being instantaneous, and never slipping. I bring the severed mucous membrane together over the stump with one silk suture, and allow it to slough out. By using one suture you allow the blood to ooze from each end of the wound, while if you use three or more sutures you are apt to have ballooning by the retained blood.

While, previously, patients complained of pain for a number of days, now there is nothing said.

Promises of stated times for cures of venereal diseases should always be guarded. They are diseases which are very uncertain and treacherous.—American Jour. of Dermatology.

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DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some held with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help someone else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

HYPERAESTHESIA OF THE URETHRA DUE TO IRRITATION OF ENTRAPPED NERVE FILAMENTS

Irritated nerve filaments give rise to a sensation of discomfort which may be little more than an indefinite feeling of discomfort or it may amount to actual pain. It is caused by irritation of the dorsal spermatic or superficial nerves. The mind is constantly attracted to the part afflicted, hence, patients seek relief. I will cite two cases of many that have come to me with the same story of symptoms.

Case 1.—E. J. White, Clerk. History of gonorrhoea lasting some 8 months, examination revealed no anterior or posterior urethritis or gonorrhoea, but a hyperaesthesia of the anterior urethra. Treatment. Washed out the anterior urethra with a hand syringe using an antiseptic solution, after this iodosyl with William's urethral applicater. This treatment was continued thirty days, then substituted europhen, aristol and lanum salve instead of iodosyl and then used electrolysis, using faradic current. I gave two treatments weekly and at the end of thirty days, or sixty days all together, the patient reported feeling well as ever. This was over one year ago and no return of symptoms.

Case 2.—W. R. White, Solicitor. History of 27 years standing, complicated with orchitis and cystitis. He came to see me about his condition and on examination I found posterior granular urithritis. After a two months' course of inter-urethral treatment with irrigation, instillation of antiseptic aids and salves with the applicator, he reported himself cured. After making several tests I concluded he was cured. Six months later he came back complaining of excessive sensation of pain in the anterior urethra. All tests were negative so far as new infection was concerned. This case was treated for hyperaesthesia of the urethra due to imbedded nerve filaments. I then used electricity interurethral as well as by the cup method with the result he is now in a normal condition. He reports himself free from the pain from which he had been suffering.

In the last 15 years I have had many complaints of this character but very few will take the time to have it treated in the office, hence, go from doctor to doctor to get something they can swallow, or rub on, in the hope to get permanent relief. The pain being transitory and at longer or shorter intervals, they put it off until they are more or less on the verge of nervous breakdown before taking time to have it treated properly.

J. H. LIEBERMANN, M. D.
Memphis, Tenn.

UNFAIR

It is with regret I note that there are some parties who unadvisably, ignorantly or maliciously have been, on every available pretense, throwing uncalled for, and what seems to very, yes very many readers, malicious missiles at Dr. Abbott and his good, clean, open work he is doing. They do not come out openly and attack him as a physician or his commercial work as a business, but more in the order of insinuations seemingly.

I cannot understand why they should wage this ceaseless war on Abbott and the work he is doing, unless there is something of a commercial fester that is working pain for them. Surely they cannot rightfully claim that his work is non-

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ethical to take the alkaloid of a drug and recommend it to the profession, what about those who give us quinine, the alkaloid of Peruvian bark, morphine, the alkaloid of opium, etc., etc? And why such amazing prejudice against the alkaloids which have given so many of us results otherwise unobtained? It appears to me that it is more of a personal fight that for the welfare of the profession.

I have learned that those who are the most persistent and bitter in their fight against alkalometry are the persons who most stubbornly refuse to give it a fair and thorough trial, and many of them if they do try, do so with the determination not to get good results. Somewhat like one brother who informed me he had given calx iodata a thorough test, "Well," he said, "I gave it in a case of croup and not having confidence enough in it I gave also the old remedies for croup and I am convinced that they (the old remedies) did the curing of the case."

It seems to me that all physicians of any amount of experience and close observation should know that any drug given in small quantities and repeated every fifteen minutes to one hour owing to the drug gives better results, at least this is the experience of every physician of experience and close observation with whom I have conversed; hence it looks very much to me as though this war of words seemingly against alkalometry is not in fact against alkalometry, but an effort to unseat Dr. Abbott from the high and enviable position to which he has arrived by many years of study and ceaseless labor.

I say enviable position. Yes, and I very much fear that this is a prime if not the only factor leading to their unwarranted and flimsy attacks against Dr. Abbott and his glorious work. I say glorious because it has been the means of helping me to some results in my practice that have been glorious for me. Twelve or more years ago I was a "doubting Thomas". As to alkalometry however I feel today as though if I had to surrender alkalometry or dosimetry and go back to the old way, I should want to surrender the practice of medicine for some other calling. What! Return to that old routine of disappointment and increase of fatalities. Go back to the times when the old mode had disappointed me so frequently that I had become almost an anarchist as to the action of remedies.

Some may say, "O, it was your faulty diagnosis, is why you did not get results." I think not, however, because (and I say it without egotism) during the latter years of my forty years' practice I have sustained the reputation among the brethren who know me best, of being above the ordinary in ability as a diagnostician. And I can truthfully say that I have always been sustained in my diagnosis when I have had occasion to meet in council with my brethren, and I have had the honor, also good fortune, to meet many noted diagnosticians, therefore my failure to get results satisfactory under the old mode of practice cannot rest there. I am forced to believe and to assert that if those who are waging war on alkalometry and Abbott will honestly unbiasedly and persistently devote one half of the time that they consume in investigation of the physiological action of the alkaloids recommended and prescribed by Dr. Abbott and the hundreds of us who have tested their efficacy and action to the bottom, they too, if they are honest and fair and have the good of the profession at heart, will fall in line and proclaim "good, yes, very good, 'esto perpetua'". I was forced by circumstances (after I had been in the study of medicine two years and in the mean time attended one course of medical lectures in a reputable college) to enter on the practice of the profession before I was quite sixteen years of age. Yes, my first case of obstetrics was forced upon me (or rather I was forced upon it) two weeks before I was sixteen years of age. Therefore, being pressed into the service so young,

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I have ever loved the profession as a bride loves her husband or the husband loves the bride. Therefore this is why I am forced to speak in defense of alkalometry, because it has husbanded my reputation as a physician and been as a loving bride, ever ready to help and support me by giving me the very best of physiological results when applied.

Therefore I hug alkalometry to my bosom as a mother hugs her babe. Moreover I honestly believe that it has come to stay and in a very few years will be accepted by all as the mode of practice, but I stand ready and open to honest investigator as Abbott is and has been, shows me a better way, then and not till then will I be ready to embrace it.

We cannot help but notice with amusement that Dr. Abbott's critics failed to discover any thing irregular in his work until they discovered all of a sudden that he was making a grand success of it and the ranks of his followers were filling up rapidly. Why was this? I would suggest that they adopt Gamaliel's advice to the Jews in reference to Paul and his religion, "Better let it alone, lest perchance they be found fighting against a power with which they cannot cope." It looks as though Dr. Abbott's critics, some of them at least, are trying to pull down his structure with a view of establishing one of their own on the ruins. They may annoy him and vex his spirit, otherwise they cannot harm him. All reasonable thinking physicians who have thoroughly investigated his work and have given alkalometry a fair, unbiased test, will stand boldly behind him. We are not all cranks if we do practice and preach alkaloidal medication.

B. P. WATTS, M. D.

East Galesburg, Ills.

♣ ♣ ♣

You will see in life just what you are looking for. It depends upon the lenses of your mental vision. If they are black and smoky, you will see the shadows, the gloom; if they are clear and crystalline, you will see the rainbow of beauty.—Success Magazine.

AN OBSTETRICAL CASE

This case is not so very unique, but it being recent in occurrence and the impressions of it fresh in my mind I will give a brief report of it. The psychological features of it are worthy of attention in so far as they affect both physician and patient. It is a reflection of the feeling produced by the obstetric event the world over.

Mrs. X., a young, good looking blond of fine physique, got in labor about the eighth month. She had not felt life for the last two weeks past. I was called in the morning and found her having pains from three to five minutes apart. They had continued all night in this manner and had rendered sleep impossible. The pains were apparently strong, but the uterus was still high in the pelvis and the cervix retroverted in such a manner as to preclude a satisfactory digital examination. Morphine and codeine were administered with the hope of tiding the woman over a little longer. I remained a few hours and saw the pains lighten up and the intervals between them lengthen somewhat, but they could not be suppressed. Having gone home I was called again to the woman in the evening.

As time drew into the night the pains became strong, furious, but were almost ineffectual. There was a slight descent of the uterus, but the os did not dilate. The woman was becoming frantic, begging incessantly for relief. My psychotherapeutic aids which I rely upon more than anything else, failed to make good in this case. Sometimes the best suggestion that the obstetrician can employ is to say and do nothing. Above all he should endeavor to say and do the right thing at the right time and place. At this stage of the obstetric game many physicians have to cudgel their brains to know what is the best thing to do. Too often their resources are futile and unavailing. Then you run out of them, too. The woman subconsciously reads your thoughts, besides drawing on her

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imagination for uncanny notions that are without foundation.

Here at the stage I speak of you do not know whether it is best to try to go backward or forward. The pains will not be put out of business and your measures calculated to encourage them come to naught. In this case I had employed morphine and chloroform, but they did not act favorably either way. Caulophyllin is a good remedy usually, but here it seemed unavailing. The night wore on, the woman becoming more tempestuous. By midnight my nerves were undone. I was sleepy, but the mental unrest exceeded that of the physical. I have always tried to stone my heart against the "woman in trouble," no matter what the kind. But who, working over a tough obstetrical case, can prove himself invulnerable to innumerable "Doctor, do something"?

I wanted to administer other remedies but the stomach was upset and would retain nothing. I gave chloral by enema but did not get good results from it. The os remained dilated about the size of a nickel for two or three hours—it seemed to me about two or three days. I was wishing to myself that I would never have another obstetrical case. The woman was perhaps wishing she would never have another baby. In deportment she was more eruptive than ever. I have run out of the "storm" adjectives and must now resort to those of a volcanic character if I try to describe the condition fairly.

Mechano-therapy in its various forms was tried. We did nearly everything but stand the woman on her head. The sitz bath was given a thorough try-out. Many of these things we resort to seem foolish, the next day, but the popular obstetrician is the one who keeps busy at some sort of foolishness. The woman hates the doctor who sits around and dozes. The upright position, by the way, seems to me to be the best labor accelerator.

With all this carrying-on the case progressed with snail-like progress. You can give the woman only half-hearted encouragement after an examination. You wonder yourself why fifteen horsepower pains per hour do not produce more tangible results. Toward morning the head shows signs of getting in a position to the superior trait. In a couple more hours, which seem like so many days, the os is dilated an inch or more. In this case there was another obstacle in such uterine tenderness, as to entirely preclude any manipulative aids. The woman would not stand for it. She was proof against all talk and psychic influences. She still vomited and could retain nothing. It seemed—I am telling this the way it occurred to me at the time—it seemed that the case was destined to continue another day or so. In my state of mentality with pessimistic forebodings, I thought, defiant as it was with physiological action, "This baby is not half-born yet and the woman has averaged a good pain every five minutes for the past thirty-six hours. Will it take thirty-six hours longer?" You think an endless train of morbid thoughts while anchored to a case of this kind. You can't see a ray of hope. You would like to run off and leave the case if you could or dared. The woman had for hours pleaded exhaustion, but now it seemed not short of realization. The os and soft parts were slowly dilating, but oh, so slowly in relation to the output of dynamics to pull off the pains. I thought to sedate the woman a little by a hypodermic of codeine, but changed to a tablet and a half of the hyoscine-morphine-cactin compound. It had a salutary effect and after the woman had dozed awhile the pains became stronger again, although her sufferings were apparently mitigated. To shorten the story, the delivery occurred as the clock struck twelve—a still-birth. The child must have been dead several days, for the skin was slipping off it. The placenta, while of normal size, had an unhealthy appearance on a surface of three or four square inches, it being a broken down condition resembling

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fatty degeneration. The woman felt very much better, thank you. The doctor also felt a gracious sense of relief and had not just now such an aversion to obstetrics if he could only eliminate the primiparas. I should have stated, by the way, that in this case I ruptured the membranes as soon as the head became engaged.

I went home and rested up thoroughly and changed my linen. This is not so scientific but it goes in the story. I returned the next day to the scene of the long-drawn tragedy just described. It now had a different setting and on the whole a more roseate hue. The woman smilingly said: "I feel strong enough to move a house. What has passed all seems now to me like a dream." She recovered nicely.

Verily, there is truth in the old saying about woman forgetting this kind of pain so soon. The doctor forgets it, too. By the next day I was ready to respond to any old case. It is a good thing sometimes that we can forget. On the whole, a good forgetting is more serviceable than a good memory.

W. T. MARRS, M. D.

Peoria Heights, Ill.

WOMENS RIGHTS WITHOUT MENS DUTIES

In a symposium on women in the business world at the American Academy of Medicine, among a half dozen papers, all good, was one especially readable by Dr. Otto Juettner, of Cincinnati, published in the October number of the Bulletin of the American Academy of Medicine. The doctor, among many good things, says: Even at the risk of being suspected of being an unpatriotic iconaclost I call attention to one fact which is admitted on all sides except by those mostly concerned. The curious worship of women in this country is a form of national hysteria that has made us the laughing stock of all the world. I will cheerfully grant that American women unite the best elements of woman's character to be found anywhere on earth, the domestic traits of the German, the horse sense of the English woman, the chic of the women of Spain, and the physical charms of the maidens of Italy. This fact should lift the American man to a correspondingly high level of manhood. Woman is man's equal in her sphere but not in his. Equality is a distinctively relative concept. Schopnenhauer informed us many years ago that "logic was not included in the feminine mind." It is not surprising, therefore, that the (female) champions of woman's rights have never said very much, though they have talked a great deal. Every argument in favor of woman's so-called rights is necessarily a vicious circle or a generalization from limited premises. Exceptio Probat Regulam. The agitatrix in petticoats pleads for equal rights. She wishes to place men and women on the same level. In reality she demands for women the rights and prerogatives of men without being willing to sacrifice the rights and prerogatives of women or to assume the full duties and responsibilities of men. Therein lies the injustice and most palpable error in the argument. All rights and no duties is the battle cry. They want men's places and men's rights and at the same time they glare at the rude men who do not give up their seats in the car or doff their hats in the elevator. The agitation in favor of woman's "rights" is in reality a movement to dethrone her who is by nature a Queen. A truly good, womanly woman is the one adorable thing in all the world. As a woman she is a living text book of moral education for men. As a wife she dignifies and makes human and holy what man shares with the brute. As a mother she reigns supreme for "the hand that rocks the cradle wields the destinies of generations and ages."

E. S. McKEE, M .D.

Cincinnati, Ohio.

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RUNDSCHAU

By H. SPEIER, M. D., Rochester, Minn.

THEORY VS. PRACTICE.

The Council on Pharmacy of the A. M. A. has called out a good deal of antagonism and opposition in the profession by the iconoclastic character of its published findings and the demand that the profession should discontinue the use of all medicinal preparations which have not received the stamp of approval of the council. When they pointed out that many of the aids to digestion, extravagantly advertised by their manufacturers were a jumble of incompatibles and their reputed results not in accordance with physiological principles, then nothing but thanks was due them. But when they pronounced, merely upon the grounds of laboratory research, certain drugs which had proven themselves trustworthy in the hands of many experienced practitioners and unbiased observers, to be inert and their reported effects figments of imagination, then they seemed to have overshot the mark and protests followed from sides.

The case of one of these drugs, cactus grandiflorus, has been taken up in the American Journal of Clinical Medicine by Dr. Geo. F. Butler, of Chicago, author of a well known textbook on "Materia Medica." He shows by a long line of quotations from standard books and writings in medical journals, American as well as European, and many by recognized authorities, that cactus has been generally accepted as a valuable remedy in certain heart affections, and that its sphere of action is well understood. It is remarkable indeed, how the three therapeutic schools, the eclectic, homeopathic and regular agree in defining the scope of the drug and limiting it to the same class of affections. Such unanimity cannot be accidental or imaginary. Butler adds some observations of his own with sphygmographic tracings which confirm these ideas. The reader of the essay cannot fail to believe, that the council has issued its condemnation of cactus upon insufficient evidence.

It is easy to understand why the council should have fallen into this and similar errors. It is composed of men of the highest reputation, but they are all experimental scientists; there is not a practicing physician among them. Their work, therefore, while no doubt interesting from the standpoint of abstract science, is not in touch with the needs of practice. They overlook the fact that animal experiments are only of doubtful value in pharmacology, for some animals exhibit tolerance to drugs which are potent in many, as for instance rats to emetics, rabbits to atropine. Furthermore, drugs will often affect the human organism differently in health and disease. Bromides, able to control the convulsions of epilepsy, have but a slight effect on normal persons; a dose of ten grains of antipyrine does not affect the temperature of a normal man, while it will certainly reduce one of abnormal height. To rely on experiment and ignore the results of clinical experience must lead to erroneous conclusions.

The controversy precipitated by the council on pharmacy is only one phase of that larger controversy going on in various departments of medicine—the struggle of the physician to free himself from the too great supremacy of the laboratory.

DIVISION OF FEE.

The State Society of South Dakota is reported by the daily press to have taken vigorous action against the evil of divi-

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sion of fees which is said to be quite rampant out there. Offenders are threatened with expulsion and publication of names. It is certainly strange that in spite of all the condemnation which has of late years been heaped upon the practice it is evidently not yet abolished. One is always forced to conclude that many men do not see in it such a dishonorable act, as speakers before medical societies, and editorial writers in medical journals have gotten into the habit of representing it. Is not, in all this tirade, a good deal of cant? Is it really in consonance with the conscience of the profession in general? From what we learn, it would be easy to name in every larger place men of acknowledged ability and high standing, who "buy" their surgery, even though they join outwardly in the hue and cry against the custom.

The favorite argument is that a division of fee between the specialist and the general practitioner who refers the case means the imposition of an exorbitant fee upon the patient, is in the nature of a trade conspiracy and dishonest. Were the matter so simple the practice would never have obtained the foothold it has. But it is more complex. With the growth of specialism and the greater facility of access to hospitals the general practitioner's field has been narrowed on all sides, until today he is not much more than a guide to the specialist, who gets easily a fee which seems out of proportion to the one which the family physician can get for his work which is quite as valuable and in many cases more strenuous. As a rule the physician has to wait until the specialist has been paid and then be satisfied with an inadequate recompense.

There is undoubtedly something wrong in this relation and the general practitioner knows that he is being exploited and does not receive his proper share. The plea that division of fee imposes a much higher charge upon the patient fails to be convincing when it is noticed that the specialists who now scorn to be parties to such a "dishonest" agreement have, for all that, not cut down their charges, but get just as big fees as before, when they gave up a part of them to the poorly paid general practitioner. It looks very much as though this spasm of moral reform was entirely in the interest of the specialist at the expense of the family physician, and that is the reason the practice survives. Divest it of the element of secrecy and there is nothing dishonest or immoral about it.

So much has been written by the association journals and the press controlled by the big interests against division of fees that it requires courage to express a dissenting view. But the writer has felt the pulse of the profession and knows how the many think. A custom which has been universal for so long and been followed by the best and noblest in the profession without protest, cannot be wholly bad.

TYPHOID CARRIERS.

W. N. Park, of whose valuable study of ice as a carrier of pathogenic bacteria we gave an abstract in a previous issue, publishes a review of European literature on typhoid carriers and adds the results of investigations made in the laboratory of the New York City Board of Health. It is shown that an appreciable percentage of convalescents from the disease and also a certain proportion of persons who have never knowingly had typhoid fever, are discharging typhoid bacilli in their urine and stools. There is the history of the cook who spread the disease nearly everywhere she was employed and who, after sixteen months' isolation and treatment with internal antiseptics still discharged the bacilli in great numbers. By examination of convalescents from the disease in two state insane hospitals typhoid germs were found in the stools in six per cent. There are also many who have become infected without developing the disease, and Park estimates their number as probably one in every

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five hundred adults. Isolation of all these carriers is evidently out of the question. Reliance must be had on the general means of preventing infection and safeguarding water and food supplies, not only when typhoid prevails, but at all times, since unsuspected carriers are present and active at all times.

MALIGNANCY IN WARTS AND MOLES.

The danger of the malignant degeneration of warts and moles is hardly sufficiently appreciated by either the medical profession or the public, in the opinion of E. A. Babler, who reports in the Jour. A. M. A. a series of cases observed in the St. Louis skin and cancer hospital. It is true that a wart or mole may never become malignant, but a study of the literature together with his own personal observation convinces him of the reality of the danger. In some cases a more or less constant irritation seems to be the exciting factor and in others a slight injury such as an insect bite or a cut received in shaving seems to start the growth into malignancy. Most of his cases had their origin in warts. One difficulty experienced is the reluctance of patients to permit operation early enough to check the morbid process. He fully agrees with Keen, who contends that the moment warts and moles begin to increase in size they are almost always already malignant growths and should be treated as such. He protests against the practice of cauterizing warts on the face; they should be excised.

THE SPECIALIST.

Dr. E. T. Fish, of Milwaukee, has an article in the Milwaukee Medical Journal discussing the matter of the increase in the number of specialists and the influence on general practice. He sharply criticises the methods of many of the specialists and suggests that specialists be required to take a special examination and obtain a special license for the specialty. In this connection the following, by the Berlin correspondent of the Journal of the A. M. A., will be found interesting:

The establishment of a special examination for specialists has not met the approval of the majority of German physicians, particularly because they feared that by this means the value of the specialist in the eyes of the public would be still further enhanced, and that the general practitioners would be regarded as second-class physicians. The demand for evidence of more extensive preparatory training meets with greater approval. In what way this evidence will be demanded and furnished is not easy to say; various methods have been proposed to this end. The writer of a recent article in the Deutsche Medizinische Wochenschrift treated the matter very thoroughly and proposed as a remedy that specialists should be forbidden to advertise their titles to the public. He referred particularly to England and France, where frequently the specialty is not displayed on the street signs nor inserted in the directory, and, as I am informed, this custom also prevails in many of the American states.

Some weeks ago the Prussian minister of public instruction announced that the Scientific Commission for Medical Affairs (Wissenschaftliche Deputation fur das Medizinalwesen) had, at his request made the following suggestions: The right of the physician to advertise himself as a specialist for certain departments of practical medicine or to designate himself by any other title of the same significance must be exercised under certain definite restrictions. Special training after receiving the medical degree should be required to justify one in advertising himself as a specialist or with any other equivalent title. The special training should consist in scientific post-graduate education and practical employment during a period which has been shown by experience to be sufficient for independent practice in the selected department. As a rule, three years may be considered as necessary.

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WHO IS RESPONSIBLE?

Scant sympathy gets the man who complains that he is not given a chance. Why should anybody give a man a chance? If he is a man who has within him that which makes for success, he'll make and take his chance. There is no room here for incompetence, no place for weakness. The latter is the one unpardonable sin. It has caused the ruin of all men who have went down. It is the occasion of infinitely more sin than ever springs from natural viciousness or an active impulse toward crime. Men do the most astonishingly foolish or wicked things from silly incapacity for manfully repudiating the tempter's suggestions.

"Is the whole medical profession made up of cowards, who have not the courage to stand for their rights"? Is freedom of so little worth that every hand is meekly held out to receive the chains? No; but every man asks himself why he should go to the rescue of the wronged individual, who ought to be willing and able to fight for his own right. The man who does so, and who fights to win, commands general admiration; the weakling who can not fight, or the bonehead who hasn't sense enough to make a winning fight, has scarcely our sympathy.

The world is hard, perhaps, but it is just—cruelly just, on the evolutionary plane, condemning the loser as thereby demonstrating his own unfitness. Our sympathy we keep for the victim of accident, of misfortune no human prescience could possibly have fended.

We are trying to describe things as they are, not as we might prefer to see them. Men are responsible for themselves, for their successes and their failures, their friends and their enemies, their good qualities and their faults. The time has gone when we could blame our shortcomings on a suppositious supernatural tempter, as the time passed when a superfluous babe was attributed to Jupiter. The convenience of each attempt to shift the burden of responsibility made it popular, but men ceased to accept it as reality. Men are their own tempters. No devil is needed to explain any modern dereliction, nor is any such plea accepted by any court in Christendom. Men are loved for their lovable qualities, respected for their nobleness, disliked for their meanness. They win success by their intelligence, knowledge and industry; they fail through stupidity, ignorance and laziness. They are much alike in general, and if one excels in any one good quality he is sure to balance it by some overweening deficiency.

Our ideals have completely changed in the last century. The patron idea is gone. Self-help is the watchword of the day. The theories of Darwin, the

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reasoning of Spencer, the lessons of the world about us, have altered the fundamental laws of right and wrong as commonly understood, and demolished the false ideals that for centuries have misdirected human effort.

And yet—there's nothing new in this! Turn back to old Aesop, and read how a certain laborer had fallen into a ditch, and lay there crying lustily for Hercules to come and lift him out. Hercules, who happened to pass by, said to the man:—"Help yourself."

Help yourself! Nobody else can help you so well. But that does not mean that you are to turn in and help the oppressor.

And despite all this goodly evolutionary doctrine we try so hard to persuade ourselves to believe, our sympathy for the under dog is unfailing; and we'd feel like helping him, even if he had been caught getting away with the big dog's bone.

WHAT KILLS THE BABY?

The Chicago Department of Health in its Bulletin for the week ending Oct. 10, gives an exceedingly instructive map, showing in what parts of the city the babies died from diarrheal diseases. Four hundred and ninety children under 2 years of age died of this group of diseases during Sept. 1908. The deaths wer thickest where the Slavonian population congregated, where the greatest congestion of population was present and the sanitary conditions were consequently poorest.

Out of 442 of these deaths, 302 occurred among babies of foreign mothers, the great majority being Slavonians. Among the vicious practices in infant feeding reported by the Inspectors were, the almost universal practice of feeding infants upon beer. Then again sausages were not uncommonly employed to keep baby quiet! The banana is also mentioned as contributing to the death-rate.

It is evident therefore that the vast majority of these deaths could have been avoided by attention to the simplest, most easily comprehended, rules of health. The question comes up, could they not all have been prevented, if the medical profession, presumably in charge of every family in which deaths occurred, was fully aware of the advantages accruing to the system of treating these diseases by clearing the noxious material out of the alimentary canal and disinfecting it? Possibly out of the 490 deaths there may have been a dozen or so, in which the child would have died anyway; where the disease was the last drop of water upon a fire already on the point of extinguishment. The little life that went out would have been extinguished in a very short time if the diarrheal disease to which the death was attributed had not occurred. But leaving out these, there is scarcely a death that could not have been prevented by attention to the simplest rules of diet, and the inculcation of the above-named therapeutic principle. All the more necessary that this truth be urged upon the profession, since the excellent Bulletins, above referred to, do not take up the treatment of disease, but only the hygienic rules; wisely leaving to physicians themselves the responsibility and the privilege of deciding upon treatment.

This is exactly as it should be. It is not for any authority, even that of the accomplished Prof. Evans, the head of the Chicago Department of Health, to dictate, or seek to urge his own ideas of treatment upon the free medical profession.

Be it understood therefore that even we, in our position as editors (and everybody knows that editors know everything) are simply giving our individual views in this matter, as one physician among the fraternity. But it is a view which has been established in our own belief as a result of many years' actual practice in the clinical field. It is a view we hold firmly, having found it to make good when put in operation. It

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is one of the edifying experiences we meet, when we clear out a baby's bowels, give a few grains of sulphocarbolate, and find the war is over, the fight is won, and the child convalescent. There is not the least use trying to convince us that this is all illusion and that we only think the treatment saved the patient. We know better.

EDITORIAL NOTES

Many people are handicapped in the strife of this world by heredity. The man who inherits a weak will-power cannot successfully combat the man with a strong will. This is as much a defect as physical infirmity, which so often interferes with success.

Passiflora incarnata is a remedy worthy of more extended use than it has. It is a good sedative and is also slightly laxative and diuretic. It is valuable in many nervous diseases as it sedates and at the same time promotes elimination.

The series of articles which Dr. C. C. Miller is writing for The Recorder on the use of paraffin injections in cosmetic surgery will form a valuable treatise on the subject. These articles are different from what has been before written on the subject and show the disadvantages as well as the advantages of the method. The article in The Recorder for Novemver will give the technique of the procedure and will be illustrated with four halftones.

For a number of years, from time to time, contributions have been published in The Recorder on the local use of magnesium sulphate. The solution of magnesium sulphate has a large field of usefulness as a local remedy but the profession has been slow in recognizing the value of this simple remedy. Of late its value is being generally conceded and it is being used extensively in many hospitals. As a local application in erysipelas it has proven very successful, and in ivy poisoning and other forms of dermatitis it is an excellent remedy.

At the recent meeting of the Mississippi Valley Medical Association the following officers were elected for the ensuing year: Drs. J. A. Witherspoon, Nashville, Tenn., President; Louis Frank, Louisville, Ky., First Vice-President; Albert E. Sterne, Indianapolis, Ind., Second Vice-President; S. C. Stanton, Chicago, Ill., Treasurer; and Henry Enos Tuley, Louisville, Ky., Secretary. The next annual meeting will be held in St. Louis, Mo., October, 1909.

Whether it is watching airships daringly make a record or keeping in elbow touch with all of the great moving figures in public life, Joe Chapple, editor of the National Magazine, always seems to be "right there." The October National fairly glistens with autumn radiance of lively, entertaining and truly readable literature that is so characteristic of the sprightly Boston magazine. Whether the feats of hazardous airship flights, chats with aeronauts, or giving a glimpse in strenuous campaign days of the home life of the candidates —it is all there. In years to come the files of the National will be a rare history of the times, for each succeeding issue is a coherent, graphic chronicle of events, with all the essence of permanent literature. The stories of the National have the American "go" and life; the articles on the great development of farming, the sweeping summary of the "Harvests of the World" by men "who know," a strong article comprising "Sayings by Hon. James Wilson, Secretary of Agriculture," the most eminent authority on agriculture in the world, on "Making the Farm Pay," are invigorating and cause you to realize clearly the immensity of our farm industry. Everything in the National is cohesive and refreshing, even to the erudite study of "My Lord Hamlet," where even Hamlet is resurrected into a living, breathing being.

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The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE CURE OF RUPTURE BY PARAFFIN INJECTIONS. By Charles C. Miller, M. D. Author of "Cosmetic Surgery." Comprising a description of a method of treatment destined to occupy an important place as a cure for rupture owing to the extreme simplicity of the technic and its advantages from an economic standpoint. Pages 81. Cloth. Price, Prepaid, $1.00. Published by the Author, 70 State St., Chicago, Ill.

The author of this book is too well known to Recorder readers to need any introduction. All of Dr. Miller's writing is characterized by being practical and adapted to the needs of the general practitioner. The treatment of hernia by means of paraffin injections has been in use for only a few years but has given some very satisfactory results. Paraffin injections may be made in the physician's office and this simple procedure will be acceptable to many patients who will not submit to the radical surgical operation.

Paraffin has a tendency to promote the formation of connective tissue and causes occlusion of the hernial sac and glueing together of the walls of the hernial canal. The paraffin does not lie in the tissues as a single mass, but it is traversed by trabeculate of connective tissue.

This little book gives complete directions for practicing the injection method of treatment. It does not require a surgeon for this treatment, but it may be successfully practiced by any physician who has carefully read the book. This book opens up a field of work to the general practitioner which will be found profitable and satisfactory.

THE CITY OF DELIGHT. A Love Drama of the Siege and Fall of Jerusalem. By Elizabeth Miller, Author of "The Yoke," and "Saul of Tarsus." Pages 448, with Illustrations by F. X. Leigendecker. Cloth. Price $1.50. The Bobbs-Merrill Co., Indianapolis.

The day has passed when a person would sit down and read Macauley's England, or a similar work, for pleasure and recreation, as our fathers did. The demand of today in literature is for fiction. This is a strenuous age and probably there is the same reason for light literature that there is for light opera and vaudeville; after the exhausting activities of the day there is a desire for something which gives amusement and relaxation without much mental effort.

If a work of fiction teaches something of value in addition to telling a story, it is more commendable. One thing in favor of the historical romance is that it teaches history to many who would not read it in any form.

When "The Yoke" appeared several years ago it was an immediate success and brought the author, Miss Elizabeth Miller, into prominence. Two years ago Miss Miller's second work, "Saul of Tarsus," was published, and added to her reputation as a writer of historical romances. Her latest book, "The City of Delight," we consider her strongest work and will add greatly to the laurels she has already won.

The scene of this story is Jerusalem in the years sixty-nine and seventy. Life in Jerusalem at that time is well depicted and the details of the siege and the fall of the city given. The method of warfare at that time and the ways of the Roman army are well presented. The book gives a good idea of the characters of Titus, the commander of the Roman army, and of John of Gischala, the Jewish leader. The hero of the story is Philadelphus Maccabaeus, a legal claimant of the Jewish throne, who aspired to deliver his people from the Romans. He is a strong character who,

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although unable to accomplish the deliverance of Jerusalem, shows what a man of lofty aspirations can do. The heroine is Laodice, the daughter of a wealthy Jewish merchant who is a type of pure and noble womanhood. Both characters have high ideals which they live up to through many trials.

The story is of absorbing interest and the book is a charming blending of the historical and the romantic.

Some of our readers are on library boards, and to such we can recommend the book as an excellent work for a circulating library. This book would be a very acceptable Christmas gift to anyone fortunate enough to receive it. The volume is illustrated with a number of full page illustrations and a colored frontispiece.

ELIZABETH MILLER

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BOOK NOTES

The Annals of Otology, Rhinology and Laryngology is publishing some splendid illustrated articles on subjects of special interest.

Some of the articles in the Cosmopolitan Magazine for October are "The Master-Man," by Elbert Hubbard; "Gold-Spoon Babies," illustrated, by Viola Rodgers; "Owners of America—V. Charles M. Schwab," illustrated, by Alfred Henry Lewis; "The Most Hated American in China," illustrated, by Robert H. Murray, With a foreword by William H. Taft; "The Feminine "Charm" of Paris," by Alan Dale.

The World Today for October contains "Roosevelt in the African Wilds," by Hugh C. Weir; "Discounting Adventur," illustrated, by William Atherton Du Puy; "The Romance of Life Insurance," V-The Three Systems of Life Insurance, with portraits, by William J. Graham; "John T. McCutcheon, Cartoonist," ilustrated, by Gustavus C. Widney; "Making Human Fighting Machines," illustrated, by Day Allen Willey; "Two Thousand Miles of Playground," illustrated, by Henry F. Cope; "A Persian Passion Play in Exile," by R. de P. Tytus; "The Nickelodeon," illustrated, by Lucy France Pierce; "Curacoa, The Holland of the Caribbean," illustrated, by G. P. Blackiston.

Eugene Debs is the voice of the Socialist party; he is its nominee for President. He is a man with a definite idea of what is the matter in America, and what to do about it. Lincoln Steffens has interviewed Debs, and put the same questions to him that he put to Taft and Bryan and Roosevelt and Johnson. The answers, which appear in the October Everybody's, are candid, straightforward, enlightening. Are wild animals tamed by kindness? Maurice B. Kirby, in "The Gentle Art of Training Wild Beasts," turns the light on to the methods used by trainers to prepare the denizens of the jungle for show, and kindness seems to play, if any, a very minor part in the process. In America there are about a hundred thousand blind people. John Macy tells, under the title, "Our Blind Citizens," some really astounding facts about them—what has been and what can be done to make them as happy and as useful as the rest of us. Samuel G. Blythe, in his inimitable fashion, retails his experiences in "Venice and Its Victims."

A feature of peculiar interest in McClure's Magazine for October, following as it does Professor Hugo Munsterberg's article on "Prohibition and Social Psychology," is a paper by Dr. Henry Smith Williams on "Alcohol and the Individual." Dr. Williams declares

DR. HENRY SMITH WILLIAMS

that experiments have shown that the effect of alcohol is everywhere depressive, and that it is narcotic, not a stimulant, and that its use even in moderated quantities reduces man's working efficiency ten per cent. General Kuropatkin continues his secret history of the Russo-Japanese war. Burton J. Hendrick writes of the battle against the famous Sherman anti-trust law, and Ellen Terry tells of the death of Henry Irving, the great actor.

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THE POLICY OF HONESTY

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Assured therapeutic results can only follow the administration of active remedies. Extemporaneously prepared preparations, in lieu of time tried and clinically proven products, especially where dependence must be placed upon crude drugs of uncertain strength due to improper selection of deterioration from age, has resulted in dissatisfaction to the physician and disappointment to the patient, who has a just right to expect benefits as a result of the remedy prescribed.

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For twenty-six years Hayden's viburnum compound has remained standard both as to quantity and quality of its component parts as well as to the uniformly satisfactory results following its administration.

Hayden's viburnum compound is prepared with that care, both as to the selection of drugs and in the proper combining, to make it a perfect and dependable product which is impossible where a substitute formula is extemporaneously prepared from the stock and with the limited facilities of the average drug store.

Druggists doing a large prescription business report a phenomenal increase in the demand for granular effervescent aperients. There are any number of these upon the market of various grades of efficiency; but physicians seem to prefer the simple salts, prescriptions calling for sulphate of magnesia and sodium phosphate outnumbering materially those demanding compounds of known or partially secret character. Saline laxative (Abbott) seems to be regarded as the representative preparation of magnesium sulphate and as it is even stronger than the official magnesi sulphas effervescens and decidedly more pleasant to take, it is very generally given the preference.

Saline laxative (Abbott) is obtainable in air-tight tin containers, also in bottles, and comes in three sizes, small, medium and large, so that any desired amount may be prescribed with the assurance that it will reach the patient in first-class condition.

If in the next case of dysmenorrhea, you will at least give Hayden's viburnum compound a trial, administering it a few days prior and during the menstrual period, we are confident that your patient will experience the same beneficial result as has been the case during the many years Hayden's viburnum compound has been before the profession.

In amenorrhea, menorrhagia and metrorrhagia, Hayden's viburnum compound has proven of unquestionable value and as its reputation has been built up and maintained solely upon its merits as a reliable remedy in the treatment of diseases of women, we are confident that if you will use it in your next case, you will be as well satisfied, as have been those who have for years placed their dependence upon it. Owing to the popularity of Hayden's viburnum compound and its large sale, it is extensively imitated by other manufacturers. To assure satisfactory beneficial results, the original H. V. C. should only be administered. We would be glad to send samples and literature upon request. New York Pharmaceutical Co., Bedford Springs, Bedford, Mass.

The fall reason brings cool weather and raw winds. This condition checks elimination through the skin. More work is thrown upon the kidneys. It is not always that they are equal to the extra task imposed. Imperfect elimination is the result. The autotoxic state which soon develops is expressed in either so-called gouty bronchitis, with or without asthma, gouty eczema, recurrent tonsillitis, or rheumatism. To establish adequate elimination is to remove the cause and thus affect a rational cure. The ideal eliminant in such cases is alkalithia, made by the Keasbey & Mattison Co., Ambler, Pa.

The physician who prescribes Gray's glycerine tonic compound in original bottles, knows that he is getting a product representing quality, uniformity and therapeutic efficiency. The definite responsibility of a reputable firm always insures reliability, and the manufacturers of Gray's glycerine tonic compound are proud of the faith they have kept with the medical profession.

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The Wisconsin Medical Recorder

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession

VOL. XI NOVEMBER, 1908 No. 11

Leading Original Articles

THE LIMITATIONS AND THE USE OF PARAFFIN IN COSMETIC SURGERY

By Charles C. Miller, M. D., 70 State St., Chicago.

(Continued from Page 314 October Recorder)

A great deal has been written regarding the injection of paraffin and many special forms of syringes have been recommended. Complicated syringes with jacketed needles and electric heating appliances are unnecessary as paraffin may be injected cold with a strong, all metal syringe, provided such syringe has a screw piston arrangement. After considerable discussion operators have not been able to show advantages from the use of paraffins in the high melting points so that it is unnecessary to use an agent with a melting point very much above body temperature. The author has of late used paraffin compounds melting at approximately 115° F., and such have been used because they are conveniently injected at room temperature and pass readily through the ordinary hypodermic needle in the solid state.

The injection of the agent in the solid state much facilitates the technic as it is possible to have the sterilized loaded syringe always ready and no complicated apparatus is to be dealt with; the operator simply sterilizes the skin over the site of the proposed injection before beginning. In the cold injections absolutely no haste is called for and the injection is absolutely under the control of the surgeon.

INJECTIONS OVER THE NASAL BRIDGE.

Injections made to raise the nasal bridge may make a striking change in the appearance of the profile, yet such injections are frequently made to the disadvantage of patients. When the skin over the nasal bridge is placed unduly upon the stretch reddening of the skin is liable to develop. Such redness is not liable to develop if the parts are not over-injected. The skin over the nasal bridge should be movable before an attempt is made to raise the nasal bridge by paraffin injections and in all cases where it is held down by cicatrices such should be divided previous to the injection.

Division of scars subcutaneously with a narrow-bladed knife is not difficult, but the operator may have some trouble in keeping the skin mobile after such division. No arrangements are necessary to prevent the "wandering" of the paraffin when it is injected in a solid string. Injections of the nasal bridge demand the building up of a narrow bridge and the operator cannot be too

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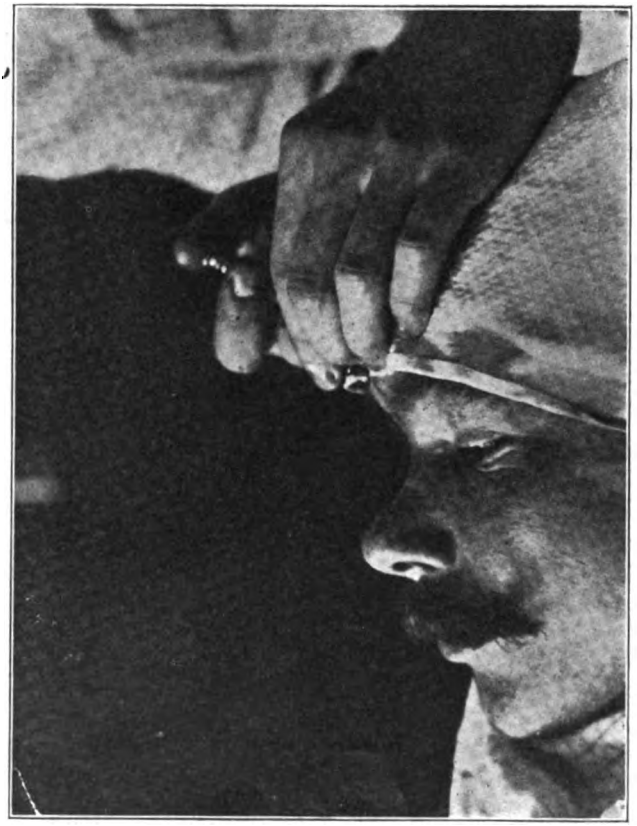

FIGURE 1.

Figure 1. Should the surgeon desire to use a large needle for the paraffin injection it is well to inject a few drops of a two per cent cocain solution to render painless the passage of the large needle through the skin.

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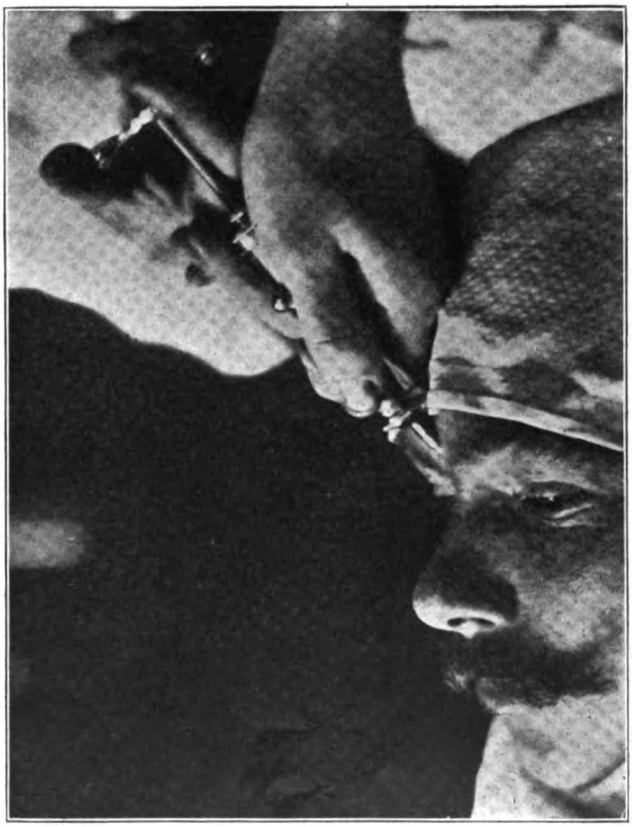

FIGURE 2.

Figure 2. Injection from above. Usually not as convenient as injection from below.

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FIGURE 3.

Figure 3. Injection from below.

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FIGURE 4.

Figure 4. Moulding after injection.

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careful to get the major part of his paraffin in the middle line.

Broad noses are never sightly—this the operator should never forget. After the injection of approximately the required amount the operator may mould the paraffin injected without withdrawing the needle. Should it appear after moulding that hardly sufficient paraffin has been injected more may be forced into the tissues before the needle is withdrawn. When a fine hypodermic needle is used it is unnecessary to produce local anesthesia. The injection is not painful and the passage of a small hypodermic needle is not complained of by the most sensitive patient.

(To be continued).

ANESTHESIA BY VEGETABLE PRINCIPLES

By James Burke, M. D., Manitowoc, Wisconsin.

At the annual meeting of the Chautauqua Co., N. Y., Medical Society, held July 14, 1896, V. M. Griswold, M. D., of Fredonia, N. Y., read a paper entitled, "Quinine is a safe and efficient anesthetic when used hypodermically, and much safer than cocaine."

The doctor's discovery, by experiment, substantiates the fact that there are other proteid vegetable principles than cocaine, biochemically affinitive for another elemental proteid substance in the construction of sensitive nerve tissue. All remedial proteid vegetable principles, in their poisonous manifestations in the environs of the living animal body, exhibit their individual biochemic affinities for some substance in the biochemic construction of nerve tissue.

Atropine, through its disturbing biochemic affinity for its congener in the structure of the third cranial nerve and cilio-spinal centers, dilates the pupil; gelseminine, through a like affinitive disturbance of another allied proteid element in those nerve structures, causes ptosis of the upper eyelid and dilation of the pupil; morphine, through catalysis of its affinitive cognate substance, in the same nerve structures, contracts the pupil.

On the biochemical affinity of a vegetable poisonous principle, for its affinitive congener in the biochemic composition of the sensory nerve structure, depends the phenomenon of regional anesthesia.

The catalysis of the sensory nerve biochemic composition by the topically applied solution of the vegetable affinitive cognate, temporarily disarranges the biochemic integrity of the sensory conducting fibers, thus breaking the normal conduction of sensory nerve impulses, causing anesthesia. The fabrication of a biochemically affinitive cognate substance from the incidental proteid waste of the body by the immunizing faculty of the body, early neutralizes the anesthetic principle and normal function is resumed by the catalyzed nerve tissues.

Now let us assume a condition that often is duplicated in toxic conditions of many people. The catalyzing principle, whether of the vegetable or the animal source, remains in surplus, in just a position to the tissue, containing its affinitive congener, for a sufficient length of time to disintegrate the attacked structure to such an extent, as to be successful in isolating the structural, affinitive cognate, the nerve tissue is permanently disabled; in such a case the immunizing faculty of the body has been already crippled, or the persistent presence of the surplus of the catalyzing agent exhausted the immunizing faculty of the body, enabling the final victory of destruction for the toxic catalyzing principle.

All destructive lesions of the brain and nerve tissues are accomplished in this simple way. Of course pathogenic bacteria often complicate the destructive processes of these lesions of dismemberment, by isolating from the ail-

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ing tissues, the elements which are required for their successful growth and propagation. Pressure in glands and in the liver and kidneys, through the inelasticity of their confining capsule adds another destructive factor.

But the destruction by both the toxin and the pathogenic bacterium is only incidental to the exhaustion of the immunizing faculty of the body.

Disease can be tritely defined by saying, it is a suspension of the function of the immunizing faculty of the body, which allows the incidental waste, especially the proteid waste of the body to assume an abnormal evolutionary course, in becoming normal excretory pabulum. Each distinct phase of this evolution causing a symptom is termed a toxin.

Medical practice has demonstrated that every toxin has its biochemically affinitive congener in the vegetable kingdom; it has the same congener in some nervous structure of the body. The aggressive affinity of the toxin for its biochemically affinitive congener in the nerve tissue, produces the disease symptom. This is the identical process exhibited by cocaine and quinine, in producing regional anaesthesia.

The economy and conservatism of medical practice, in toxic, systemic conditions, consist in the early neutralization of the dominant disturbing principle (toxin) by giving the biochemically affinitive vegetable principle. From our present knowledge we are unable to foretell the character or number of the phases of the abnormal evolution of the proteid, incidental waste of a patient, nor can we specify the time at which any distinct phase of the evolution will become active in harassing the patient.

We can inhibit, in a measure, the formation of autogenetic toxins by dietetic and hygienic means, and neutralize, from time to time, the toxic disturbers and allow the immunizing faculty of the body to recuperate.

By the use of physostigmine in modifying intraocular pressure in glaucoma, we turn the poisonous action of the principle to a therapeutic entity; the poisonous action of the same principle is changed to a therapeutic use by contraction of the muscular coat of the bowels, to expel flatus. Most of the therapeutic uses to which atropine is put, is its catalyzing action on some nerve tissue, as the suppression of the milk secretion, diminution of the saliva, and dilatation of the pupil.

The therapeutic use of atropine in neutralizing a biochemically affinitive toxin causing spasticity of the arterioles, with bodily surface anemia, is ideal; its use in conditions of shock is practically the same biochemic process.

Strychnine is much used as a general cellular and heart stimulant in shock. Ringer said, that of two equally powerful eventrated hearts, the one resting in a weak watery solution of strychnine ceased beating before its partner, resting in pure water. Strychnine is a neutralizer of a toxin whose solution in the blood harasses the breathing rhythm.

CAMPHOR MONOBROMIDE

By W. C. Abbott, M. D., Chicago, Illinois.

The monobromide of camphor has proved so valuable a remedy that no apology is needed for presenting this paper upon it to the readers of The Recorder. Of many articles that have been published on this drug one of the finest is that by Prof. Laura, the great clinician of the medical school of the University of Turin. Europe has been by no means asleep while the great modern revival of drug therapeusis has been progressing, nor unappreciative of its progress. But America has been also active, and to the best of the Old World's work we may still add some useful hints.

Laura credits this combination with remarkable properties. It is eminently

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sedative, modifying rapidly and in a sufficiently stable manner the state of the nerve centers, principally those showing morbid exaggeration of the nervous reflexes. The sedative power is exercised upon the encephalon, the spinal cord, or both. Besides this remedy may exert an influence in some manner elective over some special part or apparatus in the animal economy.

Camphor monobromide is specific in all exaltative or erethetic states of the encephalon; alone, as in primary nervous encephalopathies, associated with other modifiers of the nerves or of the sanguine crasis, when there are complications or particular states offering the indications. It is applicable in nervous cerebralgias, central neuralgias, insomnia and other morbid manifestations due to an exaggerated excitability of the encephalon.

This bromide renders signal services, not only in the dolorous neuropathics, but still more manifestly in the spasmodic forms dependent upon irritative nervous states and excessive irritability of the brain or cord. It is therefore very useful in chorea, spasmodic hysteropathy and in epilepsy properly so termed, provided these be not dependent upon certain irremediable states and pathologic processes.

All are aware that epilepsy is often obstinate and rebellious and this pest is a peril not only to the patient but to his family and to society. Against epilepsy the tradition-governed school and its numerous adepts, with the authority of hundreds of masters famous and vaunted, ordain the bromide of potassium, or less frequently the bromide of sodium. Of late they have advised, and not without reason, the simultaneous employment of the bromides of potassium, sodium and ammonium. If chloroanemia be present also, we advise the use of iron bromide.

We can scarcely count the maladies against which we employ the bromides, through an exaggerated admiration or a false estimate of their powers. They have been wrongly vaunted in diseases scarcely to be ameliorated, and altogether incurable. Such intemperance is as compromising to the dignity of the medical art as it is injurious to the patient, whose condition is thereby aggravated.

In epilepsy the bromides render services which we are far from denying, when given in appropriate time and manner; while they are useless and often dangerous when given, as is usually the case, in doses excessive and too long continued. Many epileptics consult us with whom the abuse of the bromides, continued for months and years, has engendered the greatest ills, ruined the vitality of the stomach and the brain, denatured in the bosom of the nervous cellule its intimate nutrition and the function itself, to the point that in presence of loss of memory and of spirit, with moral and physical depression, it is difficult to say what is due to the disease and what to the remedy. Things have gone so far that the clinical formula, "epilepsy," is answered with the therapeutic formula "potassium bromide," reducing to the simplicity of an algebraic formula matters most frequently of a nature complex and variable.

It is necessary to know that epilepsy presents itself with one person in a form very different from that under which it appears with another. Its origin, periods, concomitants, complications, heredity, antecedents, sanguine crases, diverse dyscrasias and the functionation of the gastric apparatus, are the coefficients of the disease or of its manifestations; constituting a clinical grouping and pointing to very variable therapeutic indications; obliging the practician to choose modifiers, hygienic, moral and medicamentous, after Burggraeve's true and just law of the dominant and the variant. This law is universal in the treatment of every malady.

We will here say that atropine is the

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sovereign remedy for epileptic convulsions and the other forms of epilepsy, in which camphor monobromide will prove useful as an adjuvant. With this association, in essential epilepsies the cure may be obtained in some weeks and may prove durable. In chronic epilepsies, when the nervous nutrition has already suffered incurable material alterations, we may yet obtain in many cases results not to be disdained, and in ordinary chronic epilepsies the paroxysms diminish in frequency and in intensity; moreover, during the atropine treatment the attacks are very often prevented.

In secondary epilepsies the causal condition requires treatment, as the first indication. In complicated cases we must cure the complication by appropriate methods. In epilepsies with special dyscrasias, besides the general treatment the specific rational management is requisite.

In all epilepsies we must comprehend the necessity of providing for the functional disequilibrium, and associating with the moral and hygienic therapeutics the powerful alkaloidal modifiers.

Camphor monobromide finds its place in the treatment of all spasmodic affections of smooth muscular fiber; when hyoscyamine, morphine and even strychnine may also be of very great utility. Strychnine is a sovereign calmant of all motor or sensory neuropathies, that depend on exaltation of the nervous system through feebleness, exhaustion, insufficiency or failure of the physiologic stimulus. In these cases strychnine puts an end, very speedily and without causing any other trouble, to the painful or spasmodic neuropathic forms. It is so true in therapeutics that the result depends on the adaptation of the particular property of each medicament to the corresponding morbid element, that one sees the dosimetric incitants become on occasion the sedatives of the nervous system, to which they give the life and the excitation necessary for the resumption of their natural role.

Camphor monobromide also exerts a selective action upon the sexual organs, especially of men. This action is exerted partly through the spinal cord, which it calms, and partly by a direct action upon the sexual organs, since it can stop the spermatorrhea produced by excessive spermatic secretion, due to excessive activity of the seminal glands. This sexual sedative power of camphor was known to the ancients, who formulated the aphorism: "Camphora per nares castrat odore mores." Some, however, have held that camphor is aphrodisiac. Laura recommends it in erethism, even in the female in nymphomania, in hysteropathy of uterine origin, in the aberrations so varied and almost unbelievable of the victims of masturbation, in excessive excitation of the clitoris; adding here hyoscyamine, atropine and even cicutine, that may here be indicated.

Camphor monobromide finds also a legitimate employment against satyriasis and priapism, against the permature and excessive irritability and excitability of the sexual apparatus of man or woman. It should be given for spermatorrhea, central or testicular, often so obstinate as to demand surgical or mechanical measures. Pathault has obtained good results from this remedy in nocturnal pollutions. Burggraeve advised the addition of atropine.

In anemic complications iron and arsenic should be also employed. Well directed hygienic and moral treatments are useful auxiliaries.

Burggraeve advised this salt in rabies, in nymphomania and in hysteria. Laura advised it in general as a substitute of potassium bromide. Charcot, Tommasi, Pathault and others preferred it to the latter as more efficacious, in convulsions and neuralgias, especially in epilepsy, in infantile eclampsia, chorea, hysteria, sexual erethism and the ovarian neuralgias of the hysteric (Cantani). Bourneville found camphor monobromide specially indicated in epileptic

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vertigo, petit mal, and in the grand mal so fatal to the function of the brain and to the intellectual life. This remedy is also useful in palpitations of the heart and in nervous dyspnea. It is of service in cystalgia and in tenesmus of the bladder, but here the union of hyoscyamine, cicutine and strychnine is preferable.

When administered according to dosimetric methods one is absolutely sure of avoiding the inconveniences of massive doses—dyspepsias, catarrhs, hypothermia, emaciation, and with excessive doses hallucinations. The dose varies with the malady, its nature, its energy, its duration and its resistance; the effects desired, the age, and the very exceptional idiosyncrasies. Of the granules, each containing gr. 1-6, the daily dose may be ten to thirty, and these may be increased if desirable, with safety. Rarely should one pass fifty granules in one day.

It has been some years since Laura wrote the fine chapter on camphor monobromide, of which the foregoing is a transcript. He did not in the least overvalue this remedy. As offering in an enhanced form all the values accruing to the use of potassium bromide, yet avoiding the vital depression following the use of this salt, and obtaining all the desirable results of the bromide medication from relatively minute doses, the monobromide of camphor is too important a remedy to be neglected.

In the development of precise therapeutics in America two remedies have arisen that were unknown to Burggraeve and Laura, each of which has notably restricted the field of camphor monobromide. The alkaloid solanine possesses in a remarkable manner the precise effects for which the bromides are employed, without depressing the vitality or interfering with digestion. A dose of gr. 1-12 equals in power about fifteen grains potassium bromide, and the administration is that much easier. It may also be employed hypodermically, and the effects are much more rapidly induced. Solanine has only to become better known to render the "big dose" bromides obsolescent.

For the entire group of erethetic maladies, spermatorrhea, impotence, feeble erections and premature ejaculations, with the inevitable melancholia and hypochondria, the local application of europhen in fluid petrolatum, chemically pure, to the prostatic urethra, has revolutionized the treatment of this former bete noir of the practician. The field for camphor monobromide remains nevertheless a large one.

TOOTHACHE—CAUSE AND TREATMENT

By L. B. Wilson, M. D., D .D. S., 1203 F. St., N. W., Washington, D C.

When a patient applies to you with toothache the cause is either from a congested nerve, sensitive to cold and heat, or a dead tooth, not sensitive to cold and heat, but when percussed it is sensitive.

The treatment of a live, aching tooth sensitive to cold water is, first, to rinse the cavity with tepid water and see that no food remains in the cavity, then with the point of a small knife blade (if you have no instruments) place a little arsenic on the side of a bottle and mix a drop or two of either creosote or carbolic acid with the arsenic to a stiff paste, place a few strands of cotton in the paste so it can be carried where wanted. Now take a larger piece of cotton and saturate it with sandrach varnish (gum sandrach dissolved in alcohol). Now place the small piece of cotton in cavity, then cover it with the larger piece saturated with gum sandrach. The alcohol will soon evaporate leaving the pellet of cotton hard, holding the arsenic in place. At the expiration of eight hours there will not be any pain or tenderness whatever in the tooth, when the stopping should be removed.

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If a small particle of cocaine crystal be added to the arsenic paste the nerve will be destroyed without giving any pain; otherwise there will be considerable pain for from one to two hours.

In the treatment of a dead tooth, you come in contact with pus, and the cavity should be cleaned; then with a pellet of cotton saturated with peroxide of hydrogen placed in cavity using a pumping motion the pus will be boiled out; then with another pellet of cotton saturated with equal parts of wood creosote and forty per cent solution of formaldehyde placed in cavity. Soon the soreness and pain will be a thing of the past, when the cavities in either case will be prepared for permanent filling.

A simple remedy to stop toothache from an exposed nerve is to use alum and milk, a saturated solution. Held in mouth for a few minutes, the alum will contract the nerve.

Teeth may now be permanently filled with a wood toothpick and the blade of a pen-knife as follows: Take a fifty per cent solution of sulphuric acid, saturate a small pellet of cotton with this, place it in the cavity and let it remain six minutes. Then with a saturated solution of bicarbonate of soda carried to cavity on pellet of cotton neutralize the sulphuric acid. Now rinse with tepid water, stir the decay up with point of toothpick, rinse again and the decayed portion will come away with the water.

To fill the tooth, gold inlays are made now and successfully used of different sizes to fit any cavity from a pinhead to a compound. They are made of 22k gold with a small headed pin attached to one side that securely holds them in place. A cement is made of white oxide of zinc, calcined (then bottled) and a fluid made of glacial phosphoric acid boiled down to the consistency of thick milk. Place a few drops of this fluid on glass, then mix with it a little powder to the consistency of putty and place in cavity. While the cement is soft press a gold inlay in place. The patient suffers no pain and the results are very satisfactory—no shocks whatever should hot or cold drinks be taken. The life of the nerve is protected and by this treatment the tooth is saved.

THE MEDICAL EXPERT

By Gordon G. Burdick, M. D., 72 Madison St., Chicago, Ill.

(Continued from Page 310 October Recorder)

PUBLICITY.

The individual physician has been confronted during the last few years with a problem: How he is going to attract the attention of the class of people with whom he wishes to do business. For many years he had no difficulty, but as our centers of population have been growing so enormously during the last twenty years, we are confronted with a new condition in the profession. When every doctor used to be the whole "works" of medicine, the patient had no special difficulty in finding the kind and character of doctor he might want. The growth of specialism, however, has changed the whole aspect of things, until a patient is considered very lucky if he can locate the right kind of a doctor for his especial needs.

It certainly is exasperating to a patient with a painful hemorrhoid, to have a pair of glasses fitted in order to correct the cause of the difficulty, or have some other fanatic punch holes in his ethmoid cells; and yet, absurd as this may seem, it is actually done, not once, but many times, and this particular brand of specialists have a very logical and spacious argument to justify their theory. It is specialism run riot, and it is this kind of a chap who is doing so much to boost the publicity departments of the various faith cults. If he can profit today, he will d—— medicine tomorrow. All is fish that comes to his net. He is not restrained by any game laws, made by either the Almighty or

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man. He is not entirely to blame however, as the specter of want, stalks in many medical households. There are many medical men who wear plug hats, who have large ragged holes in their underwear; yet to talk to them for a few minutes, you would be under the impression that the people were falling over themselves to employ them. They must keep up this four-flushing for fear they will not get the desired publicity to allow them to eat.

If we desire to look into the economic side of medicine, a short visit with Doc's wife will throw a lurid light on some of the details of the practice of medicine that do not appear in any of their profound papers on some medical topic. It is she (God bless her!) who gets the hot end of the poker while allowing her husband to pose before the community as a prosperous, well-fed philanthropist, and if any reform is brought about, it will be through her individually, rather than any initiative her husband may be capable of taking.

The pinch of privation is to grow greater every year under our present medical system, as we have built up a vampire that will live on the blood of the medical man alone. We have brought into being our great church hospitals, who have grown greater than their sire, and whose management may for a caprice, throw off the medical barnacles that have attached themselves to it, and by hiring one or two medical men to attend their patients, they will have a money-making institution from the start. Our silly method of seeking publicity by being able to boast that we "Have so many patients in the hospital," has done its work, until the patient believes the hospital is all it should be, and avoids going to the physician the next time he is sick, but goes directly to the hospital, and avoids paying a doctor's bill.

The people have accepted as an axiom that the hospital people are moved by altruistic motives and can do no evil, so that we as physicians countenanced this institution in getting out well illustrated announcements, the best of the printer's art, to send broadcast. No wrong is seen in the barnacles having their names heralded abroad as great specialists. We see no harm in the "Hospital Sundays" of the different churches where great write-ups of the hospital and its incomparable staff are given out to the people, and frankly speaking, I see no evil except as the procedure gives a false idea of the situation. It may be all right to boom our doctors and hold out the idea that we have the pick of the medical profession; the real evil is in the discrimination between physicians, where the money contributed to charity is used to get out grand announcements, and to pay for stamps to send them out to a community. An evil is done to the medical man who is restrained by what he calls "ethics," from doing what someone is doing for his neighbor. Of course the staff physicians are very ethical; they did not send out this advertising; it was done by an accommodating superintendent. It is the sop to Cerberus; it is the compensation they are given for giving their time for nothing to this great institution.

While this may be right, how about the outside physician who is restrained from seeking publicity, and is compelled to sit idly by and see the people falling over themselves trying to get his rival's services, whom he knows in his heart of hearts, is not worth powder enough to blow him up? Do we expect the family physician to sit idly by and be put in a false position by the more fortunate medical politicians, to see slur after slur cast upon his ability, while the other fellow is trying to get his hooks into a good living?

If it is right for the specialists to allow someone to send out their names to the public as a superior type of doctor, what restrains the family doctor from sending out announcements concerning his own good qualities?

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No matter what way we look at the matter, any system is radically wrong where one class of citizens enjoy special privileges, and are able to place their competitors upon an unfair basis. It is on a par with an unjust tariff, a rebate, or a procured court decision, and any man who tolerates an abuse of this character should forfeit his citizenship.

For years, we have had this abuse in the business world, until we have built up soulless monsters who are sapping the life-blood from the body politic, and too late we realize the evil we have brought into being, and are attempting to apply a legal remedy to the "trusts," only to make the amazing discovery that our judges are owned body and soul by these corporations. They have had their birth and being under the law, and have grown greater than their parent. It is so in medicine. Selfishness has brought into being great institutions in medicine. They have had the ear of the public through the press, that have prospered under the holy mantle of charity, until they have surrounded themselves and their staff with a nickle-plated halo in the eyes of the public.

They are the only class of institutions in the country which are unrestrained by law. They are given carte-blanche to beg in any manner they wish; no responsibility to anyone; no accounting by disinterested parties; and no means of ascertaining how much money they are making, without keeping track of the enormous investments in property they are constantly making, and the actual growth of their institution.

One of these institutions which started thirty years ago with a building worth approximately $15,000, now has an investment of $950,000 and is still trying to condemn more property in the vicinity. This would seem to an ordinary individual that the hospital business did pay. The American Medical Association, in all its existence, has only accumulated about $500,000.

If we stop and think, we can see where we get off in the near future. When we consider that we must compete with an institution which pays nothing for medical service, pays no taxes, and has a real estate income from investments equal to the actual running expenses of the hospital, how can the private physician compete with them? It is absurd to even think he can do it, and he as an individual unit in medicine, will soon become a thing of the past. The time of his passing away is only a mere detail, depending upon the amount of lime salts he has in his vertebrae.

If the greater percentage of physicians belong to the invertebrates, or are of the jelly fish order, it is safe to say that twenty-five years will see their extinction, especially in the large cities. Those in the country towns will become merely the poorly paid agents of our metropolitan institutions. The hospital car is in sight, and when it comes, we will attend the funeral of the family physician.

Many doctors may think these predictions are far-fetched, yet if they will only sit down and study the situation for a few minutes, and see what has actually been done in the past, and scan the plans for the future, they will begin to realize that things are rapidly moving in medicine, and great changes are to be brought about.

What can we do to retard this movement? A very little thinking will show us that we can put up a very effective fight. In the first place, we can begin on ourselves, and cut out our slip-shod methods of doing work, and put what gray matter the Almighty has given us, to good use. We must stop the reprehensible habit of giving ready-made prescriptions for everything that presents itself in our office. We must pay more attention to diagnosis, and stop our happy-go-lucky way of guessing at the trouble.

If a patient presents himself with a cough, we must look into the matter, and

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not give an expectorant. The time will soon arrive when it will be held malpractice not to diagnose tuberculosis in its earlier stages, and the plea of ignorance will not save the offender from punishment. He should be held strictly to account for carelessness, and will be, in the near future. This leads us to consideration of laboratory methods.

It is almost impossible for the average practitioner to take advantage of this knowledge through his own individual effort, even for a specialist, many of his hours that should be given up to recreation, are put into the hard grind of the laboratory, and it is inconceivable that the general practitioner with his irregular hours could accomplish much along this line.

This leaves us to consider the best methods for overcoming his handicap in diagnosis. He must either turn his work over to some young man who makes a practice of this kind of work, or by forming a union with his competitors, employ a physician who is specially trained for this service. The slavish dependency upon the laboratory in past years, has brought about a reaction, and the tendency of the medical thought at the present, is to minimize the work of these institutions. This is wrong in principle, as we have no means so accurate of arriving at a correct conclusion regarding a physical condition, as by the laboratory methods.

The fact that many of the laboratories have done slip-shod work, is no argument against them, but only accentuates the human failing of letting things "slide" so long as it is the business of no one to call attention to their shortcomings. When laboratory work is well done, and by a person who understands the work, information is obtained of the greatest importance to the clinician, and facts may be gleaned that can be found in no other way.

By doing as good work in your home town as a patient can obtain in a metropolitan center, we will get a publicity that is very desirable. That many physicians have realized this, city specialists have learned to their discomfort.

As physicians are gradually getting together in economic associations, and by their combined talent are doing what no one of them could possibly do alone, we have observed the extraordinary spectacle of city residents going to country towns for medical service. In one instance, two physicians have by the excellence of their organization, secured international publicity that has made their little town a mecca for both the public and the profession. So great has their work become, that they support a large number of specialists upon their pay roll, and can write their own figures on a bill to be rendered the patient. How long before physicians in other localities will take the hint and combine in the interest of themselves and their patients?

Let the vigilant, wide-awake physicians get together, and leave out the jelly fish fellow. He dont count, and deserves no consideration. It is probable that the eyes and thoughts of many physicians have turned longingly toward the flesh pots, supposed to accompany newspaper advertising, and it is probable many would have tried this method if not restrained by fear. This has been a serious question of expediency for many years, and will continually creep up from time to time until something is devised to take its place.

It would be a very questionable proceeding for the profession to adopt the newspaper as a medium for publicity, and for many reasons. It has been observed that the advertiser who is not seriously handicapped by funds, and who is the least conscientious, is the one who will blow his horn the loudest, and those of us who are possessed of the saving grace of humor, can imagine many ludicrous statements if the medical man should take to printer's ink. This feature of the subject has been shown up in a wonderful way by Dr.

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George Thomas Palmer, editor of The Chicago Clinic and Pure Water Journal. He, in his cynical way, has produced hypothetical advertisements of things medical, and has found an unworked field of humor that would make his fortune. Surely the medical profession is funny enough without entering the advertising field.

That the newspaper should be used for medical publicity, there is no question; but that medical men should keep out of its advertising pages, there can be no question.

The medical man has the privilege of furnishing articles upon public health that are timely and of value. That we should do this as individuals, is questionable. It would seem that we must realize our shortcomings in medicine, and unite for economic reasons, before procedures of this kind are of service; otherwise we would cut a sorry figure before the public. For instance, if one individual should write an article on the use of antitoxines in diphtheria, only to be accompanied by another article in the same paper condemning its use under all circumstances, it is quite evident that the public would avoid both men and seek other medical men who talked less, and did more. When we consider that there is no one point in medicine that is an absolutely undisputed fact, we can realize what a pitiable figure we would cut in the advertising field.

If the logical truth of medicine would only sink into our profession, that as workmen we take more for granted, and guess at conclusions more than any other human being, while having more actually at stake, we can realize the great crime we are committing by attempting to continue our old way of doing business.

We owe it to ourselves, to our families, and to each other, to unite in each community in an economic, scientific, and business association, in order to combine under one head all the various talent available in medicine, and to insure the use of the latest laboratory methods in diagnosis, so that we can honestly sign our names to a bill we send a patient, with a clear conscience, that we are charging for a duty well performed.

We shall have to modify our system of handling chronic diseases, and in this we can well adopt a time-honored one, used by our medical fakers, as they have proven it to be sound and well appreciated by the patients.

These people, when they have a chronic disease to attend, refuse absolutely to prescribe for them. They will not establish any relations with them, except upon a monthly payment, based upon a contract to take treatments for so many months at a certain compensation each month. This insures the attendance of the patient! it insures his co-operation. He does not stop treatment just the minute he is relieved, but continues it long enough to give the physician a fair show to cure his disease, and also time enough to learn the great resources of his attending physician.

It is time that the family physician woke up. We now have the specialists on the run, and if the plain, ordinary doctor has lime salts in his spine to wake to the opportunity, he will come into his own. Doctor, you may not be able to write or talk as well as the specialist, and may be restrained by timidity from mixing in the scramble, but if you people would only give to your editor, the heart to heart talk that I have received from many thousands of you, he would wake up, and if necessary, correct your manuscript. You are the backbone of the profession; the fight now being made, is in your interest; you owe it to yourself and family to take an active part. Greed cannot be defeated with words; it takes deeds! No battle was ever won with cowards; many must suffer in defense of a cause; the time is now ripe. Strike, and strike HARD!

(To be continued.)

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DISCUSSIONS

This Department contains each month case reports, letters, inquiries and replies from our readers and short articles on questions of interest to the profession. If you have a case you would like some held with, or a question to ask, write us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help someone else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

AESCULIN

Aesculin is a bitter glucoside derived from horse-chestnut, aesculus hoppocastanum. It is a bitter tonic and the eclectics claim it as an antiperiodic of value in malarial fevers, in chronic cases. It relieves chronic capillary stasis, improving circulation in the affected parts. Rectal irritation and hemorrhoids are relieved. Itching and pain disappear, the piles of the large purple variety shrink, and concomitant symptoms such as backache, vertigo, depression, headache are relieved.

Aesculin is supplemented in these cases by cholagogs and salines. One of the favorite combinations is sulphur laxative (Buckley) containing pulverized sulphur, gr. 1-33, strychnia arsenate, gr. 1-134, podophyllin (neutral) gr. 1-67, collinsonin, gr. 1-34, hydrastin, gr. 1-67. Hepatic torpor is relieved, secretion stimulated, and constipation removed.

I am in the habit of administering fractional doses of calomel followed by saline laxative to cleanse the intestinal mucosa. The sulphur laxative is then given in sufficient daily dose to produce one or two free movements. Two to four granules are given every two or three hours, continued for one week. Aesculin should then be added to the treatment, gr. 1-6, every hour or two until effective, lessening the dose as improvement is manifested. It should be given with hot water. Slippery elm infusion is a useful local application, injecting before defecation.

In preparing a patient suffering from large hemorrhoids, the above treatment caused such a mitigation of the trouble that only one large fibrosed tumor remained to be injected.

Aesculin will be found useful in rectal irritation with chronic discharge not due to fistula. These cases are frequently met with in obstetrical practice during the latter months. Obscure cases of sciatica may be referred to pelvic trouble, chronic constipation, hemorrhoids, with vascular fullness, soreness and throbbing will be relieved by full doses of aesculin.

Vesical irritation due to rectal trouble is benefited by the use of aesculin. The dose is gr. 1-67 to 1-6, every hour to effect.

R. J. Smith, M. D.
Schenectady, N. Y.

CIMICIFUGA RACEMOSA

In a general practice cimicifuga is often indicated as it has a wide range of action in various disease conditions. It is not a new remedy in the experimental stage, but an old one which has stood the test of time and one which is used by all systems of medicine.

Cimicifuga racemosa is also called macrotys racemosa, actaea racemosa, black cohosh, black snake root, rattleweed, squaw root, rich weed, and bug bane. The name cimicifuga is derived from Latin cimex bug or louse, and fugare to put to flight, signifying that it is baneful to insects. The name squaw root is due to the fact of it having been used extensively by the Indians to facilitate parturition and regulate the menstrual function of the squaws. Some of the Indians, during the first settlements of the United States, had a better knowledge of some of our American plants than many of the physicians at present. The Eclectics and Thomsonians have in early times obtained much valu-

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able information concerning the therapeutic action of many remedies, and such has stimulated investigation and brought into use many other remedies. All the old Indian remedies deserve attention by all physicians who do not do a routine practice.

Cimicifuga is a perennial herb which grows in various parts of the United States. The rhizome and roots are the parts used. The scent and shape of the root very closely resemble Virginia snake root but the leaves are entirely different.

In early days King and Scudder prepared an alcoholic tincture which was made as follows:

℞

Cimicifuga, fresh root.....℥viij.
Alcohol, 76 per cent.....Oj.

Mix and let stand sixteen or twenty days. Dose, from a fraction of a drop to ten drops.

A tincture can be prepared from a fluid extract as follows:

℞

Ex. cimicifuga, fl.....℥j.
Alcohol .....℥iij.
Aqua .....℥j.

First mix the alcohol and aqua, then add the fluid extract. Dose, from ten to sixty drops. Dose of the fluid extract, one to thirty drops.

Cimicifuga is a stimulant, sedative, diaphoretic, antispasmodic, expectorant, resolvent, diuretic, nervine tonic, antiperiodic, emmenagogue and parturient, and by some it is said to be narcotic, but this is a mistake; it is a non-toxic agent.

There are but few remedies which are of more value to give pregnant women in order to prepare them for an easy labor. For this condition it should be given in small doses for several months before the expected time of delivery. Chills and fever have been cured with this remedy after several other well known antiperiodics had failed.

Cimicifuga is one of the best remedies in small-pox that we have. It is of great value in relieving the pains and cramps in the muscles which annoy many patients when taken with small-pox. It is of value in many painful conditions of various diseased conditions and is often better than an opiate and always safer. It relieves pains by curing the diseased condition and not by deadening the sensation as an opiate.

In many cases of rheumatism, cimicifuga is of much value. In this condition it can be associated with salicylate of soda. There are various other conditions in which cimicifuga is of value, such as chorea, diseases of the female reproductive organs, lumbago, etc., and in various disease conditions it is a good companion for other remedies. It can be used externally with benefit in many diseases, a fact which should not be lost sight of.

J. A. Burnett, M. D.
Little Rock, Ark.

THE INGRATE

The laity always think that a call at night is the greatest hardship in a doctor's life; not so. There are unpleasant events in his life that eclipse night work. Speaking as I do in this article, of my experiences, I am trusting the reader will not misconstrue motives and think I am airing my troubles, for one can only speak with knowledge and freedom from one's own experiences.

All doctors have their true and abiding friendships among their patients; these friendships seem indissoluble. It is comforting to know there are persons who will speak well of you as a physician, irrespective of self interest; persons whom you know boast of your work though you have never favored them a dollar. But, doctor, have you not seen a family that you have known, treated and suffered for, for years, coolly leave your ranks, without the slightest provocation? Some times they go to em-

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ploying a physician beneath you as a scholar and physician? The man who beats you out of your pay, the other one who nags you for treatment he can never pay for, do not hurt your spirit as does the ingrate. The man who changes doctors, after you have rendered him services for which money can never fully compensate, and gives you "dirt" when you have given him and his, hours of anxious thoughts and agony. I would prefer one dollar from my friends with their gratitude and faithfulness than ten dollars from an ingrate, for an ingrate may not appreciate you as a personality, but is too selfish to appreciate the work or the skill of the job.

It is almost a pleasure to help human beings in their sufferings when you endure nights of sleepless watchfulness, undergo physical suffering in night drives with an "empty belly" and suffer with the loved ones of those suffering ones. Then to be rebuffed by insult, slander and faithlessness!

We, at times, have sympathized with a liar, a thief, a murderer, the morally degenerated, an inebriate, a fiend—but these are saints compared with the ingrate. The man who throws his money at you when you have saved his loved one, then says, "To hell with you."

C. E. Boynton, M. D.

WOMEN IN THE BUSINESS WORLD

Dr. Andrew Stewart Lobringer, of Los Angeles, Cal., read a paper before the American Acad. of Medicine, which is published in the Bulletin of the Academy. He said that no one who has practiced medicine any length of time has failed to notice many instances of a morbid view among women in the business world, an inherent aversion to the sacrifices and self-denials of early married life and to maternity itself. Home has little attractions for such women and should they marry, the duties and obligations of domestic life are frankly shirked at every opportunity. Another class of women finding marriage unhappy from too pinching economics or from irritating defferences which lead to distinct incompatibility find independence and a certain relief in earning their own money and spending it without question. To such, employment is but a stepping stone to separation and divorce. There are some to whom a desirable offer of marriage never comes. We must study to exalt the home life and get our people out and away from gossipy boarding houses and apartment houses into cottages with gardens and flowers; from roaring trolleys and whizzing motors to green lawns and the quiet country air; from the heated cafes with wine rooms and cheap orchestras to cool sylvan gardens with well rendered symphonies; from cheap, sensational melodramas and problem plays to outdoor sports and fresh scenes. Some day our women who are wandering far away afield in search of novelty and diversion will drift back to their happier and wholesome doma-in-the-home, and develop it as only they can. Men will not solve this problem but it must come from the women themselves. She with her subtility and keen perception will be the first to discover the evil tendencies and correct them. Another quarter of a century will see in operation influences which will spring from a changed sentiment among women as to their relationship in life. And as this point of view becomes adjusted to better ideals we shall find women adjusting themselves to the changed conditions and a nobler, securer, broader home life will be the final result, for women are by every endowment of nature and of culture the very embodiment of the home idea, and any concept of woman permanently divorced from home influences and maternal ministries is an anachronism as abhorrent as a solar system without its sun.

E. S. McKee, M. D.

Cincinnati, Ohio.

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RUNDSCHAU

By H. SPEIER, M. D.,
Rochester, Minn.

REFERRED PAIN.

To avoid annoying and often serious mistakes in diagnosing, physicians should bear in mind that pain is a symptom of varying diagnostic value. Diseases or injuries of certain parts are often manifested at least in the beginning, by pain in regions remote from the real seat of the lesion. This is particularly true in the surgical affections of joints and cavities. The manifestation of pain is mostly peripheral; that is, at the place of distribution or somewhere along the course of a nerve or group of nerves. An example of this, which is generally understood and not often mistaken, is pain in or about the knee in the case of hip joint disease. The obturator nerve passes just over the capsule of the hip joint, sends some filaments to the joint itself, then runs down the thigh and is distributed to the soft tissues about the hip joint. Inflammation of the joint very early causes thickening of the capsule, thereby causing irritation of the filaments and even the main trunk of the nerve, as it passes over the capsule, and this irritation is expressed by pain at its distribution at the knee joint.

Another important instance of referred pain is that manifested in the abdominal walls as low down as the anterior superior spine of the ilium from the irritation of a thickened pleura and adhesions, or the pressure of fluid in the thoracic cavity, after pleuro-pneumonia or pleurisy, followed by effusion of serum or pus in the thorax. The condition is not infrequently mistaken for cholecystitis or appendicitis.

After fracture in the upper part of the humerus a redundant callus may cause irritation of the musculo-spiral nerve, resulting in agonizing pain in the outer or radial part of the hand. Cicatrixes or excrescences about the inner condyle of the humerus are apt to irritate the uluar nerve so that severe and persistent pain occurs in the inner or ulnar side of the hand, especially in the little finger.

All these are examples of pain felt in the area of terminal distribution of the affected nerve. In another group, less known to the general practitioner, the referred pain occurs in the continuity of a nerve or set of nerves. To this group belongs the radiating pain about the umbilicus in the early stages of appendicitis. This radiant referred pain lasts usually but a few hours and is succeeded by the characteristic localized pain and tenderness in the right iliac region. Pain in the epigastrium which radiates backwards and is felt especially near the apex of the scapula on the right side is characteristic of cholecystitis. In acute cases vomiting accompanies or succeeds it. A third instance is the iliac and back pains from ovaritis, very common and generally recognized.

Occasionally pain appears in the territory of associated nerves. These instances give rise to the most frequent and troublesome errors of diagnosis. Such is the severe earache which is a frequent accompaniment of an ulcerated condition of the tonsils, especially of specific character, syphilitic or carcinomatous. In these cases there is no sign of ear inflammation and yet most excruciating pains may be present. Fissure of the anus causes, very commonly, pain about the sacral region and the groin or coccyx. These pains are very often misunderstood, looked on as the expression of uterine or ovarian disease in a woman, and urethral or prostatic trouble in man, and subjected to vari-

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ous ineffective modes of treatment, even operation, and lead finally to confirmed neurasthenia. Careful examination of rectum and anus is too much neglected by the general practitioner. Many otherwise obscure conditions would be cleared up by it.

Epigastric pain with decided dyspeptic symptoms may occur in carcinoma of the rectum and lead the diagnostician astray. Vicarious pain is felt at times in a healthy organ, when its mate is diseased, as in a sound lung, when there is pneumonia or pleurisy on the other side, in a right ovary when the left is diseased, or a healthy kidney, while the other is diseased or movable. The subject of pain felt at a distant point is an interesting and important one and deserves consideration.

FLIES AND DISEASE.

The uncommon warmth of the autumn season of this year has given to flies an unusually long lease of life—favorable conditions for existence. How much disease has been spread by them can only be surmised. The medical profession has no longer any doubts that the common house fly is an active carrier of infection. As early as 1888 Celli, of Rome, demonstrated that the germs of tuberculosis and other disease germs may retain their vitality after passing through the intestinal tract of the fly. Flies caught while feeding upon the expectoration of a consumptive invariably contain viable germs and the germs have been found even in the fly spots on the wall of a room occupied by a phthisical subject. Investigation of the typhoid evidence in our camps during the Spanish-American war proved beyond doubt that flies may carry the germs on their feet from typhoid stools and infect the food and milk supply. In like manner the germs of cholera and bubonic plague have been disseminated by the house fly.

But only within the last two years has public attention been called to this menace. For the transmission of typhoid fever by this means the open sewer is a prerequisite. This is more often met with in the country than in the city. The open closet and the busy fly spending its life vibrating between the closet and the dinner table, as one or the other has momentarily the greater attraction, are one of the amenities of the simple life in the country. Most people are unaware of the danger; they look upon flies only as an annoyance which appears at a certain season of the year and must be endured. The Massachusetts State Board of Health is preparing a campaign against this method of disease transmission and of enlightenment of the public on the subject. The example ought to be followed in other states.

THIOSINAMINE.

Our prediction that thiosinamine will sooner or later come into general use for the dissolving of scar tissue as found in urethral stricture, lacerations of the cervix uteri, contractions after burns, etc., finds verification in a report by Dr. C. S. Neiswanger, the well known Chicago specialist in electro-therapeutics. He has removed unsightly scars about the face by an ointment of thiosinamine, ten per cent in lanolin, supplemented in a case of a bad scar on the neck after thyroid operation by the internal administration of one and one half grains of the drug three times a day. Lately he has employed the drug cataphorically; that is, by means of the constant current, the medicine being more active then than by inunction. He has successfully treated eight cases of keloid, and numerous urethral strictures. Among the latter one of seven years' standing was entirely relieved in four applications. Dr. Neiswanger had a special electrode made for this work and uses a solution of thiosinamine as follows: Thiosinamine grs. 45, glycerin 2 drams, water 6 drams, sod. chlor. grs. 5. A current of from 3 to 5 milliamperes is allowed to flow for eight minutes and the treatment is not repeated

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THE WISCONSIN MEDICAL RECORDER

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LETTERS, CASE REPORTS AND QUESTIONS are desired for our Discussion Department.

Society news and reports and items of interest are gladly received.

We are not responsible for the opinions expressed by our contributors. We are glad to publish all sides of questions of interest. We publish many communications with which we do not agree.

VOL. 11 NOV., 1908 No. 11

CAFFEINE ARSENATE

The arsenate of caffeine is an excellent preparation, an excitant and tonic to the nervous system, which it calms indirectly by increasing its vigor. States of decided feebleness may be manifested by disorders of the centers of motility and of sensation, as well as of the nerves and the organs under their control. It is in re-establishing the circulatory and nutritive processes of the nervous apparatus that many of the dynamic modifiers act as calmants.

Burggraeve termed caffeine arsenate a "vital retarder." It diminishes organic combustion and is very efficacious in the fevers of pulmonary consumption. While we can not cure the advanced forms we can at least prolong life and render it tolerable; for much of their suffering is to feel themselves consumed. Under caffeine arsenate the pulse and the heat moderate and the "gallop" slows.

Laura advises caffeine arsenate in all atoxic and adynamic conditions. This "sustainer of the cardiac forces and regulator of the cardiac centers and nerves," finds numerous applications without at all exaggerating its value.

Burggraeve used this sale in nicotinism with good effect. Caffeine arsenate granules contain each 1-67 grain. One of these before each meal is generally sufficient for an adult.

ARSENIC

During recent years some of our ideas regarding the use of arsenic have been considerably modified. While arsenic still holds its place as a tonic, it is not now considered the specific in skin diseases that it was formerly. Dr. M. B. Hartzell, of Philadelphia, has been for some time studying the action of arsenic in skin diseases and has been making observations on sodium cacodylate and atoxyl. In eczema, Dr. Hartzell regards arsenic as of little value. In fact he says, "I do not recall a single instance in which it seemed to be of the slightest use." In an article in the Journal of the A. M. A., entitled "Arsenic in Dermatoses" he presents his conclusions.

In psoriasis it is of value, although frequently disappointing. Dr. Hartzell gives arsenic a foremost place in the treatment of chronic lichen. He finds it of some use in pemphigus, dermatitis perpetiformis, mycosis fungoides, and also sometimes of value in sarcoma of the skin when employed hypodermically. He does not find sodium cacodylate superior to the older preparation of arsenic. Dr. Hartzell says, in concluding his paper: "I am led to conclude that atoxyl, like sodium cacodylate, does not

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possess any therapeutic properties not to be found in arsenious acid, Fowler's solution or the arseniate of soda. Owing to its great solubility in water and freedom from irritant properties, it is, however, especially adapted to hypodermic use, a method of using arsenic often preferable to administration by the mouth and one which usually gives superior therapeutic results.

"In conclusion, I desire to say a word or two about an untoward effect of arsenic which deserves the serious consideration of every one who essays to use this potent drug in chronic diseases. It is now well established that the long continued use of arsenic, especially in considerable doses, may be followed by circumscribed kerotoses on various parts of the body and more particularly on the palms and soles; and Mr. Jonathan Hutchinson some years ago called attention to the fact that epithelioma may develop at the site of these keratoses, an observation which has since been confirmed by a number of other observers, so that there are now at least twenty cases of such arsenical epithelioma to be found in literature."

Some observers have found atoxyl of decided value in syphilis.

The English journal of materia medica, Folia Therapeutica, refers to the action of arsenic in connection with a report of investigations made by Dr. Gunn, and says:

"It has been generally held that arsenic is distinctly beneficial in the anaemia of malaria, lymphadenoma, leukaemia, and in pernicious anaemia, and the prevalent view is that it exerts some specific action on the parasites which cause these diseases, but that it plays no direct part in blood formation. Dr. Gunn has recently investigated the haematinic value of arsenic, and has found that its action is probably on the formed red corpuscles, protecting them against haemolytic agencies. His experiments have so far been concerned with that most common haemolytic, distilled water. His conclusions are: (1) That arsenious acid is fixed to red blood corpuscles; (2) that this process takes place very rapidly; and (3) that it protects these corpuscles against the haemolytic action of distilled water. The protective action of arsenic was still perceptible—its strength in the experimental solution was as weak as 1 in 400,000. The ordinary maximal dose of arsenious acid is 5 milligrammes, and if this were all absorbed it would only represent a strength of one in a million of the blood of the average man. But it is pointed out that arsenic is frequently given in larger doses, and that its slow elimination ensures a stronger concentration than the proportion just mentioned. Arsenic also seems to attach itself so rapidly and firmly to the red cells that during a course of arsenic it is highly probable that the drug is largely taken up by them and does not proceed any further.

"The suggestion, therefore, is that arsenic is of benefit in pernicious anaemia, because it protects the red corpuscles against destruction. In malaria it acts, not on the parasite, but also on the corpuscles, rendering them less permeable to the plasmodium."

THE MANN BILL

Congress will soon open and now is a good time to make your protest to your congressman against the Mann bill; tell him you would like to see it killed or amended. This bill was introduced ostensibly to prevent the sale of habit-forming drugs. If so, why does it strike the physician and not the retail druggist .We venture the assertion that not one per cent. of the drug fiends get their supply from physicians; their source of supply is the retail druggist. If the blil must be passed, it should be amended to read so as to include in the exceptions to its prohibitions, "legally authorized practitioners of medicine." Just write your congressman today to this effect. Read

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section one of the bill over carefully and see how you like it. It reads as follows:

"Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That it shall be unlawful for any person, firm, or corporation to send, carry, ship or bring into any state, territory, or the District of Columbia, by freight, express, mail, or otherwise, from any other state, territory, or the District of Columbia, or from any foreign country, directly to a consumer, or to sell, or furnish, or give away, or have in his or her possession, except, as provided for in this section, in the territories or the District of Columbia, any alpha or beta eucain, chloral hydrate, cocain, hyoscin, morphine, opium, scopolamin, or any derivative or preparation of any of the foregoing substances, except on the original prescription or written order of a legally authorized practitioner of medicine, dentistry, or veterinary medicine, which prescription or order shall be dated and contain the name of the person for whom prescribed, or if ordered by a practitioner of veterinary medicine shall state the kind of animal for which ordered and shall be signed by the person giving the prescription or order. Such written prescription or order shall be kept on file for a period of not less than three years by the person, firm or corporation who shall compound the article or articles prescribed or ordered, and it shall not again be compounded or dispensed except on the written order of the original prescription for each and every subsequent compounding and dispensing. In no case, however, shall the original prescription or written order, for a human being, call for more than one-fourth of one ounce of chloral hydrate or more than one-eighth of one ounce of alpha or beta eucain, cocain, hyoscin, morphin, opium, scopolamin, or corresponding amounts of any derivative of the above named substances, whether simple, mixed or compounded into any preparation; and when two or more of any of the above ingredients are prescribed together the combined total quantity of such substances prescribed must not exceed one-eighth of one ounce. The above original prescriptions and written orders shall be subject to inspection at all times by any federal or state official delegated by the Secretary of Agriculture.

Provided, however, that the above provisions shall not apply to sales at wholesale by jobbers, wholesalers, and manufacturers to registered retail druggists or to each other, or to sales made to manufacturers of medicinal remedies or pharmaceutical preparations for use in the manufacture of such preparations, nor to sales to hospitals, colleges, scientific and public institutions."

MEDICINE AS A BUSINESS

Medicine is a business as well as a profession. This fact should not be lost sight of. For years we have been considering only the professional side of medicine to the neglect of the business side until today the financial status of the medical profession is not what it should be. Bankers and commercial men do not regard physicians as good financial risks, and why? Not because physicians are not honest, for as a class they are honest men, but because their net incomes do not permit them to meet their financial obligations when they should. It is all very well for the great Professor Internest to say it is not ethical to consider the business side of medical practice, when he is getting $25 to $50 for office consultations. We notice, however, that he is careful to always get these fees cash down. The average doctor should give more attention to the business side of his practice. The Alabama Medical Journal quotes a doctor as saying recently:

"The average man will give a lawyer $300 to $500, together with a lifetime's

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praise, to keep him out of the penitentiary for from two to ten years, and at the same time he will raise a phosphorescent glow and a kick that can be heard around the world if a doctor charges him $50 to $100 to keep him out of hell for a lifetime. We are the only people under God's ethereal tent today who keep open shops twenty-four hours each day and 365 days in each year. We are also the only laborers to keep on working for people who do not pay. I can carry my part of charity with as good a grace as most men. I can go through rain, snow or mud and do my best, provided the case is one of worthy need, but to reward continually down right rascality, willful drunkeness and wanton laziness is getting out of my line. The average doctor tries to do too much work. Every doctor wants everybody to patronize him. He likes to be going night and day, rain or shine, Sunday or week-day, hot or cold. This is a business mistake. It wears a doctor to a frazzle. It gives him no time for bill-collecting and business matters; no time for patients who naturally feel neglected and are slow to pay as a consequence. A doctor can do better work, more good, and build up a more enviable reputation if he coolly takes his time and is careful and painstaking in his examinations."

WHY HE FAILED

Success Magazine contains a little article, "Why He Failed as a Leader," which is so apt when applied to the medical man that we reprint it in full. Most of the reasons given for failure as a leader apply equally as well to the failure as a successful physician. You may have already read these reasons, but if you have it will do you good to read them over again.

His mind was not trained to grasp great subjects, to generalize, to make combinations.

He was not self-reliant, did not depend upon his own judgment; leaned upon others; and was always seeking other people's opinion and advice.

He lacked courage, energy, boldness.

He was not resourceful or inventive.

He could not multiply himself in others.

He did not carry the air of a conqueror. He did not radiate the power of a leader.

There was no power back of his eye to make men obey him.

He could not handle men.

He antagonized people.

He did not believe in himself.

He tried to substitute "gall" for ability.

He did not know men.

He could not use other people's brains.

He could not project himself into his lieutenant's; he wanted to do everything himself.

He did not inspire confidence in others because his faith in himself was not strong enough.

He communicated his doubts and his fears to others.

He could not cover up his weak points.

He did not know that to reveal his own weakness was fatal to the confidence of others.

THE OPTICIAN AS A DOCTOR

There is a class of practitioners which is growing to be large and to which our medical authorities have given no attention, and that is the opticians who pose as doctors and treat diseases of the eye. It is becoming a common thing for the optician, after a few weeks' course in optics, to advertise as a doctor with the idea of deceiving the public with the idea that he is a doctor of medicine. Many people believe these opticians are doctors of medicine and go to them for treatment of eye diseases. The treatment they use may be harmless but not infrequently serious eye diseases are treated by these men and the eyes lost

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not from injurious remedies but from the lack of the right treatment. We have seen eyes irreparably injured by iritis because some of the "patent medicines" of the optician had been used instead of the proper remedies, which are well known by every physician. The opticians are using the argument that as dentists are called doctors they should be called doctors also. If we compare the length of time spent in a course in optics with that in a course of dentistry we see how little there is to this argument. The dentist of today has as a foundation for his work, a thorough course in anatomy, physiology, chemistry and principles of surgery; the optician with no such knowledge takes up one of the most important and difficult fields of practice.

The optician-doctor does not even need to take the trouble of attending the optical college as he can take a correspondence course and in a few weeks, if he puts up the price, can secure a beautiful diploma.

There are many opticians who are honest and conscientious, who confine their work to fitting glasses and who promptly send all cases requiring treatment to a physician or oculist; to such these remarks do not apply.

The optician-doctor is very conveniently supplied with a ready made materia medica and therapeutics by the Murine Eye Remedy Co. We glean the following regarding several of their preparations from advertising matter which they abundantly supply opticians: "Murine eye water is for the treatment of inflamed and irritable condition of the eyes and eyelids, granulated eyelids and scales on lids, red eyes, weak eyes, weary eyes and watery eyes." Murine eye salve is "a treatment for falling eyelashes, promoting a healthful growth, for cysts, styes, ulcers, red and inflamed eyelids." Granuline is "for old and chronic cases of eye trouble, granulated lids, trachoma, spots, scums and opacities on the eyes." Banene is "an internal systemic remedy administered for the purpose of stimulating the circulation of the blood supply which nourishes the eye and eliminating congestion, removing the causes of floating spots, cob-webs, dimness of vision and an inability to wear glasses with comfort. From the latest literature on these wonderful remedies we quote: "Granuline is of special value when used with murine in the more severe forms of granulation, trachoma, and where there is a purulent discharge from the eye, Asiatic and Egyptian eye disease, corneal scars, growths, and opacities, morbid deposits on the eye, gonorrheal ophthalmia, etc. Granuline and murine are indicated in cases of chronic granulation of the eyelids, where the old school blue stone, caustic, lead, zinc, silver-nitrate and scraping of the lids have been tried with the usual resultant injury to the delicate mucous tissue. Granuline, murine and murine eye salve are also indicated in blepharitis, (inflammation of the eyelids), keratitis (inflammation of the cornea) scleritis (inflammation of the white of the eye), corneal ulcers, irritations from poisonous insects and injuries from lime, mortar and other similar substances. Granuline and murine display absorbent properties, and are therefore potent applications in cases of pterygium, spots, scums, and growths on the eye."

The Journal A. M. A., November 7, contains an exposure of "Murine Eye Remedy," a nostrum that seems to have sought by its advertisements in the Chicago papers during the session of the American Medical Association, to lead the public to infer that the company manufacturing it had an exhibit in Exhibition Hall—a master-stroke of advertising impudence. Before the Food and Drug Act became operative, the carton in which this eye water was sold, read, "Murine a Positive Cure for Sore Eyes," etc. Since then it is called "a reliable relief." As found on the mar-

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ket today, "Murine" is an amber-colored liquid, practically odorless, having a slightly bitter taste, and giving an alkaline reaction to litmus. From the examination made in the Chemical Laboratory of the American Medical Association, which it reported in detail, it appears that "Murine" is essentially an aqueous solution of borax (12 grains to the fluid ounce or 2.50 gm. per 100 c. c.) containing a trace of berberin or some golden seal preparation. It is of interest that it is variable in composition. A sample examined Nov. 30, 1907, contained a carbonate and responded to alkaloidal tests very feebly; while the product today contains no carbonate and shows definite traces of alkaloids. The possible psychic influence of the price is suggested. If instead of paying $1.00 an ounce—the price charged—the public could buy it for five cents a gallon—the estimated cost—what would be the effect? The president of the Murine Eye Remedy Company is J. B. McFatrich, M. S., M. D., an eclectic physician of Chicago; the treasurer is George W. McFatrich, M. D., also an eclectic, practicing in Chicago; O. F. Hall is the secretary. The McFatrichs are also, respectively, the president and secretary of an institution with the sounding title of "Northern Illinois College of Ophthalmology and Otology," which confers no fewer than seven degrees, all with ornate diplomas. Why the term "otology" is added to the title of the college has not yet been determined. So far as learned, the eye is the only organ which is even supposed to be studied. The college, in fact, appears to be a sort of annex to the "patent medicine" concern, occupying the same quarters. The danger in the indiscriminate use of the "Murine Eye Remedy" is probably a negative one in most cases—that it lulls the patient into a false sense of security —but that it may thus be a very real one is evident when we see it recommended in cases of ophthalmia neonatorum and other serious conditions.

EDITORIAL NOTES

The Mann drug bill is said to have been introduced to restrict the use of habit forming drugs and yet it includes hyoscine and scopolamine. We should like to know how much of these two drugs is sold to drug fiends. We never heard of anyone having a hyoscine or scopolamine habit, did you?

When Dr. Great Surgeon returns from a month or two in Europe the metropolitan newspaper mentions his return, tells of the hospitals he visited and how he was wined and dined by the great European surgeons. Strange how these reporters find out things especially when Dr. Great Surgeon is so opposed to newspaper notoriety. However, if some poor doctor receives the same mention he should be kicked out of the profession; of course he should—it's unethical, you know, in his case.

Dr. Sprague, of Stirling, Ontario has promised during the coming year, to send us papers under the title of "Medical Thoughts, Facts, Fads and Fancies." Our readers, at least the older readers, remember the doctor's pithy articles that appeared in this journal. The doctor is the author of "Medical Ethics and Cognate Subjects," and during the years from 1869 until 1874 was a pioneer in practice in Humboldt Co., Iowa.

Leading features of McClure's Magazine for November are: "The Fight for a New Navy," an article showing that steps have been taken to correct the mistakes in the construction of our battleships which were pointed out in McClure's a year ago; "Fire—An American Extravagance," by F. W. Fitzpatrick, who says that we burn down almost as fast as we build; "What Organized Labor Wants," an interview with Samuel Gompers, by George Kibbe Turner, and a history of "The Vanderbilt Fortune," by Burton J. Hendrick.

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We publish in the Discussions department this month, an article by the late Dr. C. E. Boynton, which presents a side of medical practice, which never was and never will be understood by the general public. No one outside of the medical profession can appreciate the nerve strain of much of the doctor's work nor understand what difficult cases take out of his very life.

We have received many letters commending the articles which Dr. G. G. Burdick is writing for The Recorder. As Dr. Burdick suggests this month, we shall be glad to publish articles on these important subjects. If you approve of Dr. Burdick's work just write out your own views, send them to us and we will do the rest. Dr. Burdick's articles will continue through next year.

Bismuth Treatment of Chronic Sinuses. The treatment of chronic sinuses by means of injections of bismuth subnitrate is giving some very encouraging results. Recently in conversation with a surgeon, he told us he had cured a number of chronic sinuses, where there had been long continued suppuration, with injections of bismuth subnitrate. His method is to clean out the sinus and then pack it solid with the powdered bismuth subnitrate. While the treatment was originally used by Dr. Emil Beck, of Chicago, in tuberculous sinuses, it appears now to be of value also in chronic sinuses which are not tuberculous. The American Journal of Surgery, in an editorial on this subject, says:

"Last January Dr. Emil Beck, of Chicago, announced that a chronic tuberculous sinus had been cured by the injection into it of a bismuth-vaselin paste, done simply to obtain a skiagraphic tracing of the sinus. This accidental discovery led him to try the injection of a sterile mixture of bismuth, vaselin, wax and paraffin as a means of treating chronic sinuses. In April, 1908, he reported, in the Illinois Medical Journal, fourteen cases, most of them tuberculous, in which he had used the injection therapeutically, in all of which he had secured healing.

If many surgeons have been stimulated to try Beck's method most of them have thus far withheld the results of their observations from publication. Such experiences as have been noted, however, indicate that the enthusiasm with which Beck reported his procedure was by no means unwarranted. In the American Journal of Orthopedic Surgery, August, 1908, Ridlon and Blanchard, of Chicago, report twenty-two cases of tuberculous sinuses treated by Beck's method. Of these, nine were cured (in from seven days to one and one-half months), seven were improved, one was unimproved because of the presence of a large sequestrum. The remaining five were under treatment but one week. They also reported four cases in which they had drained large tuberculous abscesses and injected bismuth-vaselin into the sac, all four being cured in from eighteen to twenty-eight days. The editor has himself secured excellent results with this treatment in tuberculous and non-tuberculous bone sinuses; and it has seemed of value also in sinuses limited to the soft parts.

The method is closely akin to that devised by Mosetig-Moerhof for the definitive healing of bone cavities. In both, the action of the paste is probably largely or entirely mechanical. It will be of interest to determine what therapeutic role, if any, is played by the bismuth in Beck's paste."

Drug Addiction. We have received several inquiries recently asking the best method of treating opium addiction. We believe the best place for the treatment of drug addiction is in a good sanitarium devoted to such work, having the proper facilities. The remedy now generally used in treatment is hyoscine, given hypodermically. Dr. W. S. Robinson, in the Hot Springs Medical Journal, tells how he cures drug habit by

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means of hyoscine and suggestion. Among other things he says:

"I find in treating something over one thousand cases of drug habit that the mental state is one of the most important features to adjust and set right in the treatment of drug addiction. The morbid self-wachfulness leads to depression, and neurasthenics are always lacking in cheerfulness. In this mental condition the patient has not the same interest in and affection for his friends and family, and goes on from bad to worse.

I have treated successfully something over three hundred physicians for drug addiction; some of the brightest minds in the medical profession have been my patients, and my treatment for all has been hyoscine and the use of suggestive therapeutics, chiefly of the latter.

A deep and thorough study is the only way to arrive at the truths of mental suggestion, and I assert without fear of contradiction that the life perpetuation of persons by the right suggestion is today our example of health.

The drug addict is an easy victim for suggestive treatment. I usually give two or three doses, never over four, of hyoscine hypodermically, about 1-28th of a grain at a dose, and then I control them through the balance of the treatment with hot baths, massage and suggestion. From a psychological point of view every action of the mind is an exercise of this power—suggestion. Mental science is based on the properties of the mind which may be experimented upon, and manipulated at pleasure, constantly showing us that the minds of our patients are subjected to our will.

I claim that mental suggestion is my success in the treatment of these cases although you must antidote or neutralize the poisonous principles of the opium in the blood, which is perfectly effected with hyoscine.

Any action of the mind is the power that accomplishes all miracles, and this is what is called psychic force. Suggestion is often used daily in ignorance by physicians and others in cases of sickness. This is thought, not to be a fact by many, until it is remembered that blank prescriptions, sugar pills, bread pills, good advice, etc., and the results thereof, are but suggestions and their effects."

RUNDSCHAU

Continued from page 352.

oftener than once in five days. Several cases of old lacerations of the cervix have been treated in similar manner with very gratifying results and in three cases of prostatic hypertrophy the results have exceeded expectations. Neiswanger believes the drug bids fair to prove useful in chronic enlargements of various character.

BATHS BEFORE BOOKS.

Dr. W. H. Maxwell, superintendent of schools of New York City, declared that the usefulness to the city in point of morality of the Carnegie public libraries was small compared with that which would accrue from a comprehensive system of public baths. He knows of no better way to promote the physical and moral welfare of the rising generation, their health, cleanliness and comfort, than by placing about $250,000 at the disposal of the board of education for the construction of shower baths in all school buildings in the poorer neighborhoods.

BURNS.

L. Reemer (Zentralbl. f. Clin.) applies a dressing (whatever the degree of the burn) of one part bismuth subnitrate and two parts of kaolin. The affected area is first thoroughly cleaned then thickly powdered and bandaged with sterile gauze. There is secured by this treatment thorough drying of the area and absence of infection, while the formation of bullae is rare.

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The Doctor's Library

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by W. T. Longcope, M. D., Philadelphia, U. S. A., with the Collaboration of Wm. Osler, M. D., John H. Musser, M. D., A. McPhedran, M. D., John G. Clark, M. D., James J. Walsh, M. D., J. W. Ballantyne, M. D., John Harold, M. D., Richard Kretz, M. D., Frank Billings, M. D., C. H. Mayo, M. D., T. H. Rotch, M. D. With regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Volume III., Eighteenth Series, 1908. Pages 300. Illustrated. Price, Cloth, $2.00. J. B. Lippincott Co., Philadelphia.

This is another unusually good issue of this well known publication. Sir Dyce Duckworth, the eminent English physician, furnishes a clinical lecture on "Sciatica: Its Nature and Treatment." Dr. Paul L. Tissier, of Paris, reports some splendid results in the treatment of pertussis with fluoroform. He uses 2.8 per cent. fluoroform water, which gives such good results that he regards it as almost specific. Drs. M. Almagia and G. Mendes, of Rome, report two cases of tetanus treated successfully with cholesterin. Dr. T. A. Williams contributes an interesting study on hysteria. "Melanotic Neoplasms" is an important contribution, illustrated with plates, by Drs. J. H. Gibbon and D. L. Despond of Philadelphia. E. M. Corner, M. C., F. R. C. S., Surgeon to St. Thomas Hospital, gives a lecture on "The Modern Treatment of Fractures by Means of Direct Internal Splintage," illustrated with plates. Internal splints are silver wires, silver plates and screws. By means of internal splints many fractures can be successfully handled where good results could not be obtained by external splintage alone.

We have referred to only a few of the leading contributions in the work which contains many more equally valuable. The work is illustrated with numerous plates and is clearly printed and substantially bound. As we have remarked before, these books make a veritable post-graduate course at home.

THE COLORADO SOUVENIR BOOK. For the International Congress of Tuberculosis. Edited by Wm. N. Beggs, A. B., M. D. Pages 200. Paper. Illustrated. Published by The Colorado State Organization of the International Congress of Tuberculosis.

This book was issued for distribution at the International Congress of Tuberculosis, held at Washington, D. C., Sept. 21 to Oct. 12, its object being to make clear what class of tuberculosis cases is benefited and the class which is not, and also to show the natural resources of the state.

Some of the articles in the book are: "How Does Colorado Climate Influence Tuberculosis?" by Chas. Denison, A. M., M. D.; "Colorado and Pulmonary Tuberculosis," by Wm. N. Beggs, A. B., M. D.; "What Consumptives Should Come to Colorado," by Sherman G. Bonney, A. M., M. D.; "What Consump-

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tives Should Not Come to Colorado," by Wm. N. Beggs, A. B., M. D.; "Colorado-Born Tuberculosis," by Charles Fox Gardiner, M. D.; "Physicians in Colorado for Tuberculosis," by A. C. Magruder, B. Sc., M. D.; "Colorado and Asthma and Hay Fever," by W. T. Little, M. D.; "Colorado and Non-Tuberculous Pulmonary Disorders," by George R. Pogue, M. D.; "Colorado and Cardiac Affections," by Frank Finney, M. D.; "Nervous Disorders in Colorado," by H. T. Pershing, M. D.; "Colorado as a State," by Gov. Adams; "Touring, Camping, Hunting and Fishing in Colorado," by Edwin L. Sabin; "Industrial Colorado," by Thomas Tonge; "Agriculture in Colorado," by Clarence A. Lyman; "Dry Farming in Colorado," by E. R. Parsons; "The Sugar Industry in Colorado," by Aaron Gove, A. M., LL. D.; "Fruit Growing in Colorado," by Prof. Wendell Paddock; "Live Stock Interests of Colorado," by Prof. W. L. Carlyle; "Mines and Mining in Colorado," by Gen. Frank Hall; "The Forests and Forest Conditions of Colorado," by W. G. M. Stone. Dr. Chas. Denison furnishes a valuable set of meteorlogical maps and tables showing the favorable climatic conditions of Colorado.

The book gives the nonresident physician an excellent idea of Colorado and places him in a position to know exactly what cases to send to Colorado. The work is profusely illustrated. It is sent to physicians for twenty-five cents.

BOOK NOTES

In the November Everybody's "The Independence of the Philippines" is discussed by William Howard Taft and William Jennings Bryan, while Eleanor Franklin Egan contributes a plain statement of the work that has been done by the United States in the Islands. William Hard's series "The Woman's Invasion" has its first instalment in this number. It really involves, at bottom, the question: What is the effect of four millions of workingwomen upon this country, upon men, upon children? And is the workingwoman a success, physically, economically, morally? This is going, undoubtedly, to be the most talked of series of articles of the year. "Forward, Citizens, to the Firing Line!" is Charles Edward Russell's patriotic exhortation, embodying three ways in which those who have the common good at heart may render practical good to the country. It is a valuable and uplifting constructive argument. That is not all. Rex Beach has been bear hunting in Alaska. He enjoyed it, and had good sport; and the story of the trip is delightfully told in "The Chronicles of a Chromatic Bear Hunt."

The World To-Day is the only world review sold at the popudar price of $1.50 per year, although it is well worth double that. It covers current progress thoroughly and is always freely and beautifully illustrated. Some of the leading articles in the November number are: "Facing the Orient," illustrated, by George C. Perkins; "The Romance of Life Insurance, VI.—Science and Human Life," illustrated, by Clara Chapline Thomas; "Barbarity to Banish War," by Arthur H. Dutton; "An Irish Historian of England," with portrait, by Warwick James Price; "Where Rubies are Pebbles," illustrated, by Francis Thatcher; "Morocco, Europe's Neglected Dooryard," illustrated, by Arthur H. Warner; "The County Option Victory in Indiana," with portrait, by Roscoe Gilmore Stott; "The Civic Conversion of a City," illustrated, by John Ihlder; "The Finding of an Iron Range," by Grace E. Polk; "A Monument of Franklin's Foresight," illustrated, by Frederick W. Coburn; "Saving the Lives of Miners," by Charles A. Sidman; "A German Bee Garden," illustrated; "Gasoline Motive Power in Germany," illustrated, by Bruno Braunsburger.

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MISCELLANY

PLAIN FACTS

By J. R. Hawley M. D., Chicago.

It occurs to me that our patients consult us for results—possibly I am wrong.

By the way, what are we educated for —results or reprints, treatment or bibliography?

Therapeutic pesimism leads to nihilism. How unfortunate that this does not lead to ostracism.

In therapy the great mandatory word is Investigate. It is for this we are paid, and, inferentially, licensed.

The farther internal medicine advances in abstract theory the farther its textbooks recede in treatment—and Mrs. Eddy smiles.

Pseudo-psychiatry, under its many disguises, religious and irreligious, is the natural child of modern no-medicine medicine.

In top-rank medical journal contributions, non-surgical, the great guiding word is, be abstract, theorize, crowd the bibliography; therapeutic contributions received at writer's risk.

What is the well-educated practitioner who becomes a therapeutic agnostic or negative, and takes fees for something he does not believe in and feels he cannot deliver?

A specific: If you are a member of an "upper-grade" medical society and are being bored by requests to read a paper, let it be known that you are a therapeutic enthusiast.

All patent medicines live on the credulity of laymen, and most proprietaries on the credulity of physicians,—and the credulousness of both is largely the fault of the latter.

By the way, you chemical counsellors who are telling us the drugs to be chewed and those to be eschewed, can't you do something constructive, or suggest a remedy for present therapeutic coma?

The highly qualified diagnostician who is not a thorough therapist, is a much more incompetent practitioner than the thorough therapist who is just an average diagnostician.

To be morally ethical the nihilopathist should ask his new client, "Do you come to me for an exhaustive examination or an exhaustive treatment?—I collect only on the former?

Honestly, Doctor, don't you wish that these high-up journals would publish something more about how to help the sick, and less about "A Study of Three Cases of Atypical Bibliography"?

The striking features in the latter-day results of therapeutic advance are one specific, the exposition of the fallacies in unless drugging, and the growing tendency to neglect useful drugging.

As an example of the layman's watchfulness of the apathy of internal medicine in re treatment—a gifted lay writer recently contributed: "The function of the physician is to amuse the patient while nature cures the disease." And he has been quoted often.

If it is true that the majority of practitioners are sadly weak in diagnostic skill, it is equally true that the majority of the remaining minority are criminally weak in treatment. There is an excuse for the former, but none for the latter.

The competent members of the medical profession need no spur. Their pace has always outstripped that of the competents of the other professions. But they need a twist of the bit. If our textbooks are right therapy has practically stood still since antitoxin in '93, and according to the most popular practice, Osler's, it has gone backward.

If the latter-day fashion of scorning

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clinical results, per se, as proof of an agent's therapeutic value, had been universal formerly, we would know nothing about the specifies and most of the other life savers. Practical experience always has been and for years must continue to be the parent of therapeutic progress.

Over-crowded profession, due to incompetent medical colleges and insufficient requirements for matriculation, is the common explanation offered for the hard times in practice, and all the time no one writes about the great cause, viz., the incentive to irregular malpractice, contributed by the gross dereliction of medical curriculums, journals, textbooks and societies regarding the treatment of disease outside of absolute specifics.

In all professions, from religion to politics, the minority rules that is, establishes precedents, organizations, interprets ethics, sets the pace—but in no profession does such a small minority rule as in the medical. Indisputably medicine of all professions is the most useful and indispensable, therefore, the greatest. Is it right that in the greatest profession the size of the ruling minority should be in inverse ration to the relative utilitarian value of that profession?

Many practical, result-seeking practitioners very carelessly interpret the violent anti-proprietary crusade of certain high scientists as an evidence of pique or jealousy on the part of the latter, in view of their perennial dereliction in remedial research. The criticism is wrong. In medicine, as in politics, grave faults are usually not corrected until they emit a stench, and surely certain proprietaries were getting "most fulsome foul."

There must soon be a renaissance of therapeutic enthusiasm and fairness. It is sure to come eventually, but for every year it is delayed many more years will be required to overcome the inroads on legitimate medicine and human credulity which have been and are to be made by those who, knowing nothing about disease, treat it with illogical verbiage based upon a sacrilege of the scriptures, and those who, knowing a little about disease, treat it with blatant sophistry based upon sacrilege of sense.

Psychic therapy has had three periods. In its ancient period it was unknown and yet was unconsciously the salvation of medicine. Without it the inane therapy of practically useless and usually harmful agents would have shelved medicinal research for centuries. In its mediaeval period, or the period of beginning scientific medicine, its entity was only faintly recognized, yet it continued to act as the conservator of treatment. In modern medicine it has been isolated, analyzed. applied, but its scientific administration is not yet—a reservation for the final period of its evolution. Until then Mrs. Eddy will keep her halo.

Grand, old-time, general practitioner, you never had more than echo of adequate monetary compensation—your pay was largely genuine gratitude, respect, love. Overfilling of the profession, excessive specialism, and latter-day commercialism have greatly thinned your ranks, but you have left a great precept in the highest concept of medical practice. You have stood for the best in executive medicine and the best in potential citizenship. Your work was the concrete, you had to do, and in spite of inadequate, crude and largely empiric equipment, your results compare most favorably with those of today, and infinitely surpass those of the eminent agnostics who try to teach us treatment via the Great Abstract.

No science and no profession has made such radical revisions in its basic elements during any two centuries of its life as medicine has made in the last thirty years. During the same thirty years there has been a steadily increasing epidemic of therapeutic doubt. Unless they can discuss an absolute specific, such as antitoxin, or a theoretic mirage, such as the opsonic index, the leaders in

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internal medical literature are (outside of text-books) practically silent on the end purpose of their art The transformation of internal medicine into an actual if not absolute science logically necessitates theoretical as well as practical reconstruction and construction. But they must be correlated.

LOCAL TREATMENT OF CATARRHAL CONDITIONS

By E. C. Roemele, M. D., Frankfort, Kentucky.

Case 1.—E. J., aet 24. Diagnosis: Chronic nasal catarrh. Duration, three years. Patient complained of a feeling of fullness in the nares and increase of the secretions, the character being thick and greenish, which dropped posteriorly into the pharynx, causing paroxysms of "hawking" which were more marked in the morning just after arising. The voice had a peculiar nasal intonation, the sense of smell was abolished almost entirely and hearing was impaired, due to the extension of the inflammation into the eustachian tubes. The patient also complained of a constant dull headache. I at once prescribed glyco-thymoline and had him use the K. & O. nasal douche every four hours, using the glyco-thymoline in twenty-five per cent solution. I directed him to spray his throat with an atomizer, using undiluted glyco-thymoline every four hours and also gave him one teaspoonful of glyco-thymoline four times a day internally. This was done on account of the catarrhal condition of his stomach. After two weeks the "hawking" had ceased, his voice took on a more natural tone and hearing and smelling senses were improved. He continued to improve when after fifteen weeks he was entirely cured. There has been no return during the past ten months.

Case 2.—Willie Green, aet 7. Diagnosis: Hypertrophy of tonsils. This case was referred to me by Dr. D., to have his tonsils removed. The doctor stated that he had used every known remedy to reduce them, his last resort being iodine, which he applied in undiluted form, also giving him internal treatment. When I examined his throat I found the tonsils extremely large, so large in fact that the opening was not as large as a slate pencil. He was a terrible mouth breather and could easily be heard from one room to another. He would not consent to the operation and his mother would not permit us to administer chloroform. I then decided to attempt to cure them without the operation. I prescribed a pound bottle of glyco-thymoline and directed the mother to spray his throat thoroughly every three hours with an atomizer. She called in again in one week and the swelling had subsided and the child ceased to breathe as hard as he had breather. This same treatment was continued. He was returned to my office in three weeks when the tonsils were normal in size; he kept his mouth closed when he slept. The treatment was continued several weeks longer when he was discharged as cured. It has now been eight months and no return whatever of any symptom of the disease.

Case 3.—Ella N., aet 27. Diagnosis: Rhino-pharyngitis. Duration, six years, presenting characteristic symptoms of severe type. Patient had to vomit after each meal on account of "hawking" the mucus out, which she said would drop into her throat. When she would arise in the morning she would have to "hawk" and cough half an hour before she would be relieved of the mucus which she said came out of her throat in the shape of round balls. I directed her to use the K. & O. douche, filling it with glyco-thymoline pure, flushing out the nasal cavities three times a day and directed her to spray her throat with glyco-thymoline, one part to one of water, three times a day. Improvement was immediate. After five weeks instead of using the glyco-thymoline in the douche in undiluted form she was di-

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rected to dilute it with one part of water. After the fourth day she ceased vomiting and "hawking." This treatment was continued, however, for four months, when she was discharged cured.

THE THERAPEUTIC USES OF HAMAMELIS VIRGINICA

It is a fact of no little significance that Pond's Extract of Hamamelis Virginica has been known and employed by the medical profession for over sixty years. Any remedy that can thus endure the severe tests of time and practical experience must have a fundamental worth of more than ordinary degree. To be sure, not all physicians have held the therapeutic usefulness of Hamamelis in the same esteem, and some have undoubtedly under-estimated, or completely disregarded, its value. But certain recent studies and researches, both clinical and chemical, have emphasized, in a very positive way, the fact that Hamamelis has well-defined pharmacology, and reinforced —if such a thing were necessary—the therapeutic claims that have been made for it:

The recent chemical investigations of Scoville are worthy of special note He reports that he has examined the fatty substance which, after distillation of witch-hazel twigs, rises to the surface of the distillate, and that the oil evidently consists of a terpene with a small portion of an alcohol (about 7 per cent.), and a still smaller amount of an ester, which justifies the conclusion that the soluble substance is a terpene-like body analogous or closely similar to the derivatives or constituents of the essential oils.

The anodyne, antiseptic, astringent and styptic action of the terpenes of this class are well known, and that these properties are found in properly prepared extracts of witch-hazel, is easily demonstrable. The statement "properly prepared" is used advisedly, for it is a fact that the methods employed have much to do with the strength of witch-hazel preparations, and, consequently, their therapeutic action.

Over sixty years ago, the Pond's Extract Company began the preparation of Pond's Extract, selecting therefor the best and most luxuriant growths of the shrub at the season of the year when richest in extractive material, and perfecting a process whereby an extract of uniform strength and efficiency was produced.

As a consequence, during all of these years Pond's Extract has been the standard product of its class, and its purity, unvarying quality and reliable remedial action have created a well-grounded confidence that has naturally led to its preferment by the medical profession. It is no small thing, moreover, which medical men have come to appreciate—that complete reliance can be placed on the absolute freedom of Pond's Extract from all toxic or injurious substances like wood alcoho lor formaldehyde.

The desideratum for the relief of this condition is a remedy which will not only stimulate contraction, but will impart tone to the uterus as well. Such a remedy is Hayden's viburnum compound. Its action is superior to and far more lasting than ergot and is devoid of the toxic effects of this drug.

Where there is a burning sensation, when urinating, sanmetto in teaspoonful doses three or four times a day usually gives relief. If the urine is alkaline ammonium benzoate in connection with sanmetto will prove helpful, and citrate of potash when the urine is acid.

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Tonsilitis
Bronchitis

Abscesses
Boils

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Synovitis
Lymphangitis

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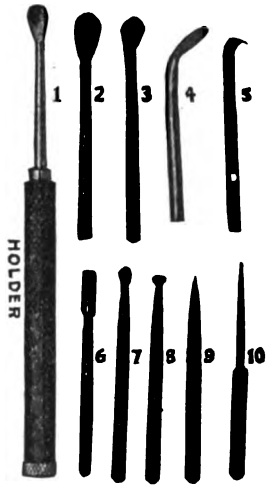

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By Charles C. Miller, M. D.

Author of "Cosmetic Surgery." Comprising a description of a method of treatment destined to occupy an important place as a cure for rupture owing to the extreme simplicity of the technic and its advantages from an economic standpoint. Pages 81. Cloth. Price, Prepaid, $1.00. Published by the Author, 70 State St., Chicago, Ill.

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PA-PAY-ANS BELL—A VALUABLE REMEDY

(From the New York Medical Journal, Oct. 31, 1908.)

Time and frequent trials have conclusively demonstrated, to the satisfaction of the majority of physicians of this city, that the efficiency of Pa-pay-ans Bell in removing the symptoms and discomforts of indigestion is far superior to that of anything else now in use. There is no sense in denying or questioning this fact as the proofs are many, multiplying, and close at hand. The great majority of all the physicians in New York City are steadily prescribing this remedy in the treatment of indigestion and the results from this prescribing are far superior to those from the prescribing of any other antidyspeptic. There are no "ifs" about this remedy. You prescribe two or three tablets, with water, and the discomfort of indigestion disappears. You prescribe it again and again with the same results. You note that no objectionable results follow; you note that the patient improves in weight, strength, and spirits, and that he soon is restored to a normal condition. You have prescribed nothing but Pa-pay-ans Bell, and he has taken nothing else. This occurs again and again, a great many times in the course of a year. Can you then attribute these results to anything except this remedy? Is there any sense in denying or trying to ignore its proved efficiency; or in suffering or allowing your patient to suffer the pangs of indigestion? It is certainly the most efficient and satisfactory antidyspeptic in use today and—"trial is proof."

♣ ♣ ♣

In an address delivered April 26, 1905, before the Danbury Medical Society on "The Practical Value of Old Remedies," John V. Shoemaker, M. D., LL. D., of the Medico-Chirurgical College, Philadelphia, Pa., spoke of hamamelis in the following terms:

"Hamamelis Virginica, an excellent old-time remedy, has a well-defined range of usefulness within which it is without a rival. Externally and internally, it is sedative and astringent. It is used as a lotion and ointment in many diseases and injuries of the skin, in leg-ulcer and varicose veins. It is serviceable in acute and chronic diarrhea, internal hemorrhages, bronchorrhea, epistaxis (nose bleed) and varicose ulcers, etc."

Another prominent author says: "The distilled extract of hamamelis is a valuable application to sprains and bruises. Hamamelis is very useful in checking epistaxis, bleeding sockets after the extraction of teeth, bleeding hemorrhoids, and many other forms of hemorrhoids. An ointment is useful in seborrhea, acne, etc. When given internally, this remedy exerts an astringent and sedative action. It is also highly valued in the treatment of acute and chronic diarrhea, dysentery, hemorrhage from internal organs, purpura hemorrhagica, varicose veins, ulcers."

These statements from reputable men concerning the usefulness of hamamelis are well borne out in general clinical experience, provided always that a uniform, active product—such as is only found in Pond's extract—be employed.

♣ ♣ ♣

As the cold damp winds of fall chill the skin more of the work of elimination is thrown upon the kidneys. It is not always the function of the kidney can be adjusted to this increased demand, and imperfect elimination of waste products results.

This autotoxic state gives rise to such conditions as rheumatism, tonsillitis, neuralgia, catarrhal bronchitis, with or without asthma, winter eczema and pruritus, catarrhal rhinitis, and many other less distinctly defined conditions.

The best results in treatment are to be had from establishing thorough renal elimination. Nothing accomplishes this so promptly and so effectually as alkalithia in teaspoonful doses

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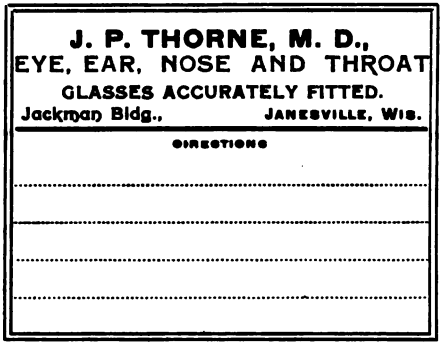
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Human interest and breadth of National affairs has long distinguished the National among the people. Editor Joe M. Chapple just seems to take the reader by the arm, and in his work official and social Washington looms right up before your eyes, and you feel yourself there with him. Is it a state election, a presidential election, or campaign, the story is written with the spirit, kindliness and breadth of a man who is not only there, but who has his eyes open. It may be a chat with the President, a conference with section-men, or impressions from some of the hosts of people who come to Washington for business and pleasure; it may be the sound, eloquent words or the humor of statesmen—all the phases of national life move through the pages of "Affairs at Washington," with life-like distinctiveness and enthusiastic interest. The great progress of the beet industry of the country and the Philippine Free Sugar question are discussed and described in a most vigorous manner by F. P. Fogg. Statistics show a marvelous development in this industry.

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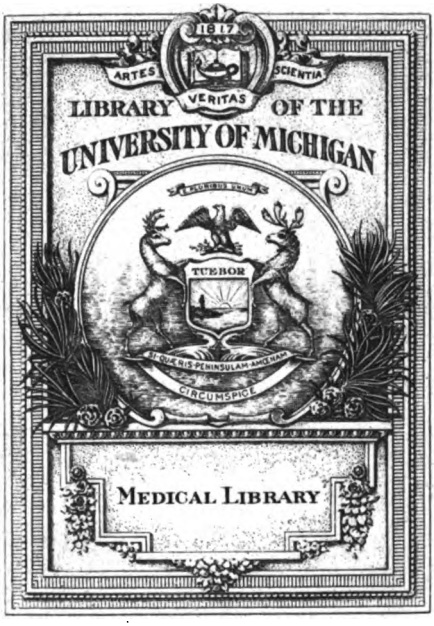

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